

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HIPPOLETT, B.L.
CP FILE

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM: _____

DELETIONS, IF ANY: PERSONAL MATERIAL & SENSITIVE OPS

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

14-00000

Personal - Post agency
activity

SECRET

| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | DATE PREPARED | | |
|---|---|--|---|--------------------------------------|--|---|---|--|----------------------------|--|-------------------------------------|--|
| | | | | | | | | | | 26 FEBRUARY 1970 | | |
| 1 SERIAL NUMBER | 2 NAME (Last-First-Middle) 027630 HIDALCO, BARTHOLOME N. JR. | | | | | | | | | | | |
| 3 NATURE OF PERSONNEL ACTION RETIREMENT (DISABILITY) UNDER CIA RETIREMENT DISABILITY SYSTEM | | | | | | | | | | 4 EFFECTIVE DATE REQUESTED 02 28 70 | 5 CATEGORY OF EMPLOYMENT REGULAR | |
| 6 FUNDS | X | V TO C | 7 FINANCIAL ANALYSIS NO: CHARGEABLE 0235 0620 | | | | | | | 8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 87-343 Sec. 2, 2-3 | | |
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 2 PANAMA SECTION | | | | | | | | | | 10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C. | | |
| 11 POSITION TITLE OPS OFFICER | | | | | | | | | | 12 POSITION NUMBER 1318 | 13 CAREER SERVICE DESIGNATION D. | |
| 14 CLASSIFICATION SCHEDULE 7GS 28.647 | | | | 15 OCCUPATIONAL SERIES GS 0136.01 | | | 16 GRADE AND STEP 12 5 | 17 SALARY OR RATE \$15,173 | | | | |
| 18 REMARKS LSD - 7 Feb 70 <i>Excess SUBJECT HAS SIGNED WAIVER FOR SICK AND ANNUAL LEAVE ACCUMULATING AFTER 28 FEBRUARY 1970.</i> | | | | | | | | | | | | |
| <i>NOT Recommended in Agency Reserve Program due to Health of Recipient in 13. Date 1/22/70 H/H/PGS</i> | | | | | | | | | | | | |
| 1 - FINANCE | | | | | | | | | | | | |
| 18A SIGNATURE OF REQUESTING OFFICIAL <i>HENRY L. BERTHOLD, CIVIL PERS</i> | | | | DATE SIGNED 2/6/70 | | | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Pete M. Hayes</i> | | | | DATE SIGNED 2/7/70 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | |
| 19 ACTION CODE | 20 EMPLOY CODE | 21 DATE CODING NUMERIC ALPHABETIC | 22 STATION CODE | 23 INTEGEE CODE | 24 MOISER CODE | 25 DATE OF BIRTH MO DA YE | 26 DATE OF GRADE MO DA YE | 27 DATE OF LES MO DA YE | | | | |
| 45 10 | | | | | 35 27 19 | | | | | | | |
| 28 DATE EXPIRES MO DA YE | | 29 SPECIE REFERENTIAL 1-LSC 2-DRGA 3-FICA 4-RGAE | | 30 RETIREMENT DATA CODE | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA TYPE | EOD DATA | | | 33 SECURE REG NO | 34 SEC REG NO | |
| | | | | | | | | | | | | |
| 35 RET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT | | 36 GEN COMP DATE MO DA YE | | 37 LONG COMP DATE MO DA YE | 38 CAREER CATEGORY SAB RESR PROV TEMP | 39 FEGIT HEALTH INSURANCE CODE 0-NO 1-YES | 40 SOCIAL SECURITY NO | | | | | |
| | | | | | | | | | | | | |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE LESS THAN 3 YEARS 3-BREAK IN SERVICE MORE THAN 3 YEARS | | | | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA FORM EXECUTED 1-PHS 2-RCO | 44 STATE TAX DATA NO TAX EXEMPTIONS 1-YES 2-NO | 45 STATE APPROVED CODE NO TAX EXEMPT 1-YES 2-NO | 46 C.P. APPROVAL CODE NO TAX EXEMPT 1-YES 2-NO | 47 DATE APPROVED 3/1/70 | | | |
| 48 POSITION CONTROL CERTIFICATION <i>12-26-70 MR. Gammie</i> | | | | | | | | | | | | |

SECRET**EMPLOYEE NOTICE OF RESIGNATION**

RESIGN EFFECTIVE

FOR THE FOLLOWING REASON

Mar 2

10-20-1970

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

403 Silver Rock Rd.
Rockville, Maryland 20851

INSTRUCTIONS

Items 1 thru 7, and Items 9 thru 18a } The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

| | | |
|---------------------|------------|------------|
| Regular | Summer | WAE |
| Part Time | Detail Out | Consultant |
| Temporary | Detail In | Military |
| Temporary-Part Time | | |

Item 9 - "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

Major Component (Director, Deputy Director, etc.)
Office, Major Staff, etc.
 Foreign Field or U.S. Field (*if pertinent*)
 Division or Staff (*subordinate to first line*)
 Branch
 Section
 Unit

Items 11 and 15 - "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or form 261, Staffing Complement Change Authorization, explain under Item 18-Remarks.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, *the gaming Career Service should approve* and the other Career Service should concur in Item 18, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

SECRET

14-00000

MEDICAL

25 JUL 1969

MEMORANDUM FOR: Mr. Balmes N. Hidalgo, Jr.**SUBJECT : Exceptional Service Emblem**

1. Your request for consideration to receive the Exceptional Service Emblem has been reviewed by this office to determine your eligibility for the award. With considerable regret, I must concur in the assessment that the injuries you suffered in the line of duty do not fall under the special criteria governing award of the Exceptional Service Emblem. Hazardous duties, in the meaning of the governing regulation, relate to duties performed in areas in which internal strife, civil disturbances or hostile action by armed forces or persons unfriendly to the United States were present at the time the injury was incurred, or, relate to duties performed in an assignment defined as hazardous due to unusual geographic or other natural conditions.

2. You may be sure that this decision has been based upon thoughtful deliberation. Please accept my personal thanks for a job well done under difficult conditions.

Robert S. Wattles
Robert S. Wattles
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - C/WH/Pers
- 1 - OPF/Hidalgo
- 1 - D/Pers
- 2 - BCD/HMAB

S E C R E T

24 June 1969

MEMORANDUM FOR: Balmer M. Hidalgo

VIA : WH/RMO

SUBJECT : Records Officer Appointment

1. In accordance with a request received from your component, you are hereby appointed a Records Officer in the Clandestine Services. Your functions are described, in summary, in CSI 70-1, Para. 4.d. You have also participated in a training course in which these functions were reviewed in some detail.

2. The essence of your appointment is that you now occupy a position of trust in which you are expected to draw on your knowledge and experience to exercise responsible and sound judgment in building and maintaining a professionally useful records system in the Clandestine Services. You are, at the same time, expected to train and guide others within your component in these respects.

3. A copy of this memorandum will be placed in your official personnel folder.

E. Marelius
EDWARD A. MARELIUS
DDP Records Management Officer

cc: Personnel File of Addressee

S E C R E T

GROUP I
Excluded from automatic
downgrading and
declassification

14-00000

SENSITIVE OPERATIONALS
1968

SECRET

6-38

(B) Nov. 1, 1964 - Version 1

DATE PREPARED

10 August 1966

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | |
|--|--------------------------------|---|--|---|--|--|---|-----------------------------|-------------|--|
| 1. SERIAL NUMBER | | 2. NAME (Last - First - Middle) | | 4. EFFECTIVE DATE REQUESTED | | | 5. CATEGORY OF EMPLOYMENT | | | |
| 027630 | | HIDALGO, LAMARO N., JR. | | MONTH | DAY | YEAR | REGULAR | | | |
| 6. FUND SOURCE | | <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO C <input type="checkbox"/> CP TO V <input type="checkbox"/> CP TO C | | 7. COST CENTER NO CHARGEABLE | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | |
| | | | | 7235-0620 | | | PL 88-643 Sect. 203 | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | DDP/WB | | 10. LOCATION OF OFFICIAL STATION | | | WASHINGTON, D.C. | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | | 13. CAREER SERVICE DESIGNATION | | | |
| | | | | | | | D | | | |
| 14. CLASSIFICATION SCHEDULE (GS E B, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | | 17. SALARY OR RATE | | | |
| | | | | 12 | | | 8 | | | |
| 18. REMARKS YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20-50. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION. | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL | | | | DATE SIGNED | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING NUMERIC | 22. STATION CODE ALPHABETIC | 23. INTEGRATE CODE | 24. MOONRS CODE | 25. DATE OF BIRTH MO DA YR | 26. DATE OF GRADE MO DA YR | 27. DATE OF LEI MO DA YR | | |
| 28. RTE EXPIRES MO DA YR | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA 1-1SC 2-1CA 3-NONE | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA TYPE | 33. SECURITY REG NO | 34. SEX | | | | |
| | | CODE 2 | | MO DA YR | | | | | | |
| 35. VET PREFERENCE CODE 0-HOME 1-1 PT 2-10 PT | 36. SERV COMP DATE MO DA YR | 37. LONG COMP DATE MO DA YR | 38. CAREER CATEGORY CAB RESV PROV-TEMP | 39. FEGLI HEALTH INSURANCE CODE 0-WAIVED 1-YES | 40. SOCIAL SECURITY NO | | | | | |
| | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-100, BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 2 YEARS) 3-BREAK IN SERVICE (MORE THAN 2 YEARS) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO | 44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO | 45. POSITION CONTROL CERTIFICATION P-16-6411 | 46. O/P APPROVAL See memo signed by D/Pers dated 26 JUL 1966 | 47. DATE APPROVED | | | | |
| | | | | | | | | | | |

SECRET

DATE PREPARED:

TO DECEMBER 1965

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------|--------------------------------------|----------------------|--|-------------------|--|-------------------------|------------------------------|------------|--------------------|--|--------------------|--|-----------|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME / GRADE/PROFESSIONAL | | 3. DATE OF PERSONNEL ACTION | | 4. PRACTICE DATES/QUOTED | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | | | | |
| 027630 | | HIDALGO, BALTES N. | | REASSIGNMENT | | DEC 19 65 | | REGULAR | | | | | | | | | | | |
| 6. RANKS | | X VTOV | VTOO | 7. PRACTICE CENTER NO/CHARGE NAME | | 8. LEGAL AUTHORITY (Explain by Date of Promotion) | | 9. LOCATION OF OFFICIAL STATION | | | | | | | | | | | |
| | | C TOV | O TOO | 6235 - 0620 | | | | WASHINGTON, D. C. | | | | | | | | | | | |
| 10. ORGANIZATIONAL DESIGNATIONS | | 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | 14. CLASSIFICATION SCHEDULE (GS, TS, SN, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | |
| DOP/WH BRANCH 2 PANAMA SECTION | | OPS OFFICER | | (GS-12) | | 1318 | | D | | GS | | 0136.01 | | 12 2 | | \$ 10,987 | | | |
| 18. REMARKS | | FROM: WH/C/MIAMI OPS BR/FI SECTION/5235 - 1162/1145/WASHINGTON, D. C. | | | | | | | | | | | | | | | | | |
| Recorded by CSPD <i>8/1</i> | | | | | | | | | | | | | | | | | | | |
| 1 - FINANCE | | | | | | | | | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL | | | | DATE SIGNED | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | | DATE SIGNED | | | | | | | | | |
| ROBERT D. CASHMAN C/WH/PERSONNEL | | | | 10/26/65 | | M. M. Miller | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATE CODE | 23. INTEGRATE CODE | 24. RATES CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LII | | | | | | | | | | | |
| 37 | 16 | 27-330 104 2212 | | | | MO DA YR | MO DA YR | MO DA YR | | | | | | | | | | | |
| 28. SITE EXPRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. CORRECTION | 33. CANCELLATION DATE | | | 34. SECURITY REG. NO. | 35. SET | | | | | | | | | |
| MO. DA YR | | | 1-CRA 3-FICA 5-GORE | CODE | | MO DA YR | MO DA YR | MO DA YR | REG. NO. | | | | | | | | | | |
| 36. VET PREFERENCE | | 37. SERV. COMP. DATE | 38. LONG COMP. DATE | 39. CAREER LENGTH | 40. REGISTRATION | 41. MEDICAL INSURANCE | | | 42. SOCIAL SECURITY NO. | | | | | | | | | | |
| CODE | 0-HOME 1-1 PT 2-10 PT | MO DA YR | MO DA YR | LAB. REG. PROV. TEMP. | CODE | REG. NO. | REG. NO. | REG. NO. | REG. NO. | | | | | | | | | | |
| 43. PREVIOUS GOVERNMENT SERVICE DATA | | | | 44. LEAVE CAT | 45. FEDERAL TAX DATA | 46. STATE TAX DATA | | | | | | | | | | | | | |
| CODE | 0-NO PREVIOUS SERVICE 1-HAD RECENT SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) | | | CODE | POW/REFUGEE | NO TAX EXEMPTIONS | NO TAX EXEMPTED | NO TAX EXEMPTED | CODE | REG. NO. | STATE CODE | | | | | | | | |
| 47. POSITION CONTROL CERTIFICATION | | | | 48. O.P. APPROVAL | | | 49. DATE APPROVED | | | <i>M. M. Miller 10/26/65</i> | | | | | | | | | |

CONFIDENTIAL
(When Filled In)

NOTICE OF LONGEVITY COMPUTATION DATE

NAME (Last, First, Middle)

HIDALGO S. N. Jr.

VOUCHERED

UNVOUCHERED

SERIAL NUMBER:

037630

OFFICE (AND DIVISION)

DDP/ WH

| | |
|--------------|---------------------------------|
| ORIGINAL | LONGEVITY COMPUTATION DATE |
| X CORRECTION | 02-18-572 |
| THIS DATE: | SIGNATURE (Office of Personnel) |
| 12-13-65 | J. C. Bellard |

FORM 171a
11-60

CONFIDENTIAL

(4)

-SECRET

U.S. Army Field So.

| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | DATE PREPARED 23 October 1968 | |
|--|---|---|---|--|--|---|-------------------------------|-----------------------------|----------------------------------|--|--|
| NAME / GRADE NUMBER A. BURNS | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION FUNDING REQUEST | | 6. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 17 68 | | | | 13. CATEGORY OF EMPLOYMENT CIVILIAN | | | | | |
| 8. FUNDS V TO V C TO V | | V 10.0 | | C 10.0 | | 7. COST CENTER NO/CHARGE ABLE 23-1162 | | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS DPP Special Affairs Staff Counter-Intelligence Staff Operations Section | | | | | | 10. LOCATION OF OFFICIAL STATION Washington D.C. | | | | | |
| 11. POSITION TITLE SPN OFFICER | | 12. POSITION NUMBER 0007 | | | | 13. CAREER SERVICE DESIGNATION D | | | | | |
| 14. CLASSIFICATION SCHEDULE (E.G. E.B. or I) E.B. | | 15. OCCUPATIONAL SERIES 0130-01 | | | | 16. GRADE AND STEP 12 (1) | | | | 17. SALARY OR RATE \$10,310 | |
| 18. REMARKS From: DPP/SAC/SS Rev. 6 May 43G Security, P-1000, 10-30-64 10-28-64 10-12-64 Recorded by CSPD CK | | | | | | | | | | | |
| 19. SIGNATURE OF REQUESTING OFFICIAL Robert Burns 10-28-64 | | DATE SIGNED 10-28-64 | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER A. Burns | | DATE SIGNED 10-30-64 | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE 37 | 20. EMPLOYEE CODE 10 | 21. OFFICE CODING 19150 3.45 | 22. STATION CODE 75013 | 23. INTEGEE CODE 1 | 24. MOONS CODE 05 | 25. DATE OF BIRTH 2719 | 26. DATE OF GRADE MO DA YR | 27. DATE OF LEI MO DA YR | | | |
| 28. RIF EXPIRES NO. DA YR | 29. SPECIAL REFERENCE 1-CSE 3-FIA 5-NONE | 30. RETIREMENT DATA CODE | | 31. SEPARATION DATA CODE 1 | 32. CORRECTION CANCELLATION DATA TYPE | MO DA YR | | | 33. SECURITY REQ. NO EOQ DATA | 34. SEX | |
| 35. VET PREFERENCE CODE 0-HOME 1-5 PT 2-10 PT | 36. SERV COMP. DATE MO DA YR | 37. LONG COMP. DATE MO DA YR | 38. CAPTION CATEGORY LAD-BEST PROV TEMP | 39. FED. MED. INSURANCE CODE B-WHSL -121 | 40. HEALTH INS. CODE | | | | 41. SOCIAL SECURITY NO | | |
| 42. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE LESS THAN 3 YEARS 3-BREAK IN SERVICE MORE THAN 3 YEARS | 43. LEAVE CBT CODE | 44. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO | 45. STATE TAX DATA CODE NO TAX EXEMPT STATE CODE | | | | | | | | |
| 46. O.P. APPROVAL Signature 11-28-68 A. Burns | 47. DATE APPROVED 10-30-64 | | | | | | | | | | |

SECRET

DATE PREPARED

2-11-64

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | |
|---|-----------------------|------------------------------------|---------------------------|----------------------------------|-------------------------------------|---|--------------------------------|-----------------|------------------------------------|---------------------------|--|---|--|--|
| 1. SERIAL NUMBER | | 2. NAME (Last, First, Middle) | | 3. NATURE OF PERSONNEL ACTION | | | 4. EFFECTIVE DATE REQUESTED | | | 5. CATEGORY OF EMPLOYMENT | | | | |
| 02737 | | EDDICO, E. W. Jr. | | EXCUTED APPOINTMENT (cont'd) | | | MONTH DAY YEAR | | | REGULAR | | | | |
| 6. FUNDS | | X | V TO V | V TO C | | | | | 7. COST CENTER NO CHARGE AMOUNT | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | |
| | | | C TO V | C TO C | | | | | 4232-1000-1000 | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | |
| EOP Special Affairs Staff CS/CS Development Complement | | Washington, D.C. | | | | | | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | | 13. CAREER SERVICE DESIGNATION | | | | | | | |
| OPO OFFICER | | | | 1234567 | | | D | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, FRS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | Recorded by | | | | | | |
| GS | | 0136.01 | | 12 (1) | | \$960 | | CSTD KMR | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | |
| *For medical reasons, not to exceed one year. For duration of period that the individual is on sick leave; not to exceed one year. [Signature] 1 by Payroll; 1 by Security | | | | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICER <i>George L. Jackson</i> MILITARY, C. LAVON, JR., S-1 | | | | DATE SIGNED <i>6/6/64</i> | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>George L. Jackson</i> CAREER SERVICE APPROVING OFFICER, 13 Apr 64 | | | | DATE SIGNED | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. HOURS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | | | | | |
| 13 | 10 | NUMERIC 44997 | ALPHABETIC SAS | 75013 | 1 | 13 1 7 19 | 12 12 63 | 12 2 63 | | | | | | |
| 25. RETIREES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. CORRECTION CANCELLATION DATA | 33. SECURITY REQ. NO | 34. SEL | | | | | | | | |
| MO DA YR | | CODE | DATA CODE | TYPE | MO DA YR | EOD DATA | U6660 | L1 | | | | | | |
| 35. VET PREFERENCE | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FED. HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | | | | | | | |
| CODE 0-BORN 1-1 PT 2-10 PT | MO DA YR | MO DA YR | CAR RES PROV TEMP CODE | CODE 0-0 YES 1-1 YES | HEALTH INS. CODE | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | | | | | | | |
| CODE 0-NO PREVIOUS SERVICE 1-NO BORN IN SERVICE 2-BREAK IN SERVICE LESS THAN 3 YEARS 3-BREAK IN SERVICE MORE THAN 3 YEARS | CODE | NON EXECUTED CODE 1-YES 2-NO | NON TAX EXEMPTIONS C | NON EXECUTED 1-YES 2-NO | CODE NO TAX EXEMPT STATE CODE | | | | | | | | | |
| 45. POSITION CONTROL CERTIFICATION | 46. O.P. APPROVAL | 47. DATE APPROVED | | | | | | | | | | | | |
| 2-11-64 | | | | | | | | | | | | | | |

SECRET

(B) Not Searched

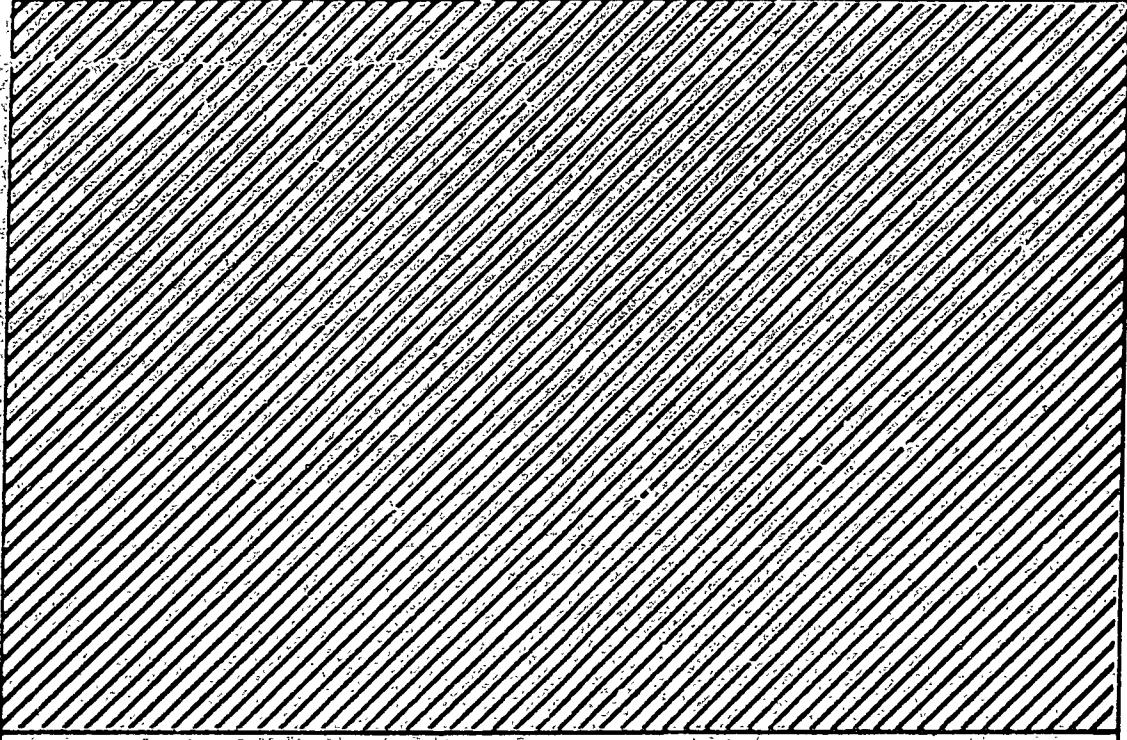
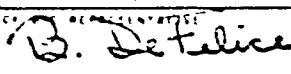
DATE PREPARED

0 APR 1 1964

REQUEST FOR PERSONNEL ACTION

| | | | | | | | |
|---|---|---|--|---|---|--|------------------------------|
| 1-SERIAL NUMBER 02763 | | 2-NATURE OF PERSONNEL ACTION Reinstatement | | 3-EFFECTIVE DATE REQUESTED MONTH YEAR APR 1964 | | 4-CATEGORY OF EMPLOYMENT PRACTIC | |
| 5-FUNDS DOD | | 6-VIO V DOD | | 7-COST CENTER NO CHARGEABLE 4352-2001-1000 | | 8-LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9-ORGANIZATIONAL DESIGNATIONS DOD/Special Missions Staff U. S. Field Forward Operations Station - JMWAVE CI Section | | | | 10-LOCATION OF OFFICIAL STATION JMWAVE | | | |
| 11-POSITION TITLE OPS OFFICER | | | | 12-POSITION NUMBER 0733 | | 13-CAREER SERVICE DESIGNATION D | |
| 14-CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | | 15-OCCUPATIONAL SERIES 0135.01 | | 16-GRADE AND STEP 12 (1) | | 17-SALARY OR RATE \$ 0000 | |
| 18-REMARKS 1 cy Security 1 cy Payroll | | | | | | | |
| 19-SIGNATURE OF REQUESTING OFFICIAL Charles C. Thompson OEN/111 U. S. AIR FORCE, USAF/PFT | | DATE SIGNED 17 April 64 | | 20-SIGNATURE OF CAREER SERVICE APPROVING OFFICER John G. Miller, Jr. | | DATE SIGNED 17 April 64 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 21-ACTION CODE 45 10 | 22-OFFICE CODING NUMERIC | 23-STATION CODE ALPHABETIC | 24-INTEGEE CODE CODE | 25-DATE OF BIRTH MO DA YR 2 5 19 | 26-DATE OF GRADE MO DA YR NO CA TB | 27-DATE OF LES MO DA YR NO CA TB | |
| 28-DATE EXPIRES MO DA YR | 29-SPECIAL REFERENCE 1-CSC 2-FICA 3-NONE | 30-RETIREMENT DATA CODE | 31-SEPARATION DATA CODE CODE | 32-CORRECTION CANCELLATION DATA TYPE MO DA YR EOD DATA | 33-SECURITY REG RD REG RD | 34-SEA | |
| 35-VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT | 36-SERV COMP DATE MO DA YR | 37-LONG COMP DATE MO DA YR | 38-CAREER CATEGORY CAR RSP PROV TEMP | 39-FEDERAL HEALTH INSURANCE CODE 0-BUS YRS 1-10% | 40-SOCIAL SECURITY NO HEALTH INS. CODE | | |
| 41-PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-10 YEARS IN SERVICE 2-REIN 10 YEARS (LESS THAN 3 YEARS) 3-REIN 10 YEARS (MORE THAN 3 YEARS) | | 42-LEAVE CAT CODE | 43-FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO | 44-STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO | 45-OP APPROVAL R. R. [Signature] | | DATE APPROVED 17 April 64 |
| 46-POSITION CONTROL CERTIFICATION R. R. [Signature] 17 April 64 | | | | | | | |

SECRET

| | | |
|---|---|--------------|
|  | | |
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
| HIDALGO, BALMES N. | #819 self | 60-264 |
| <p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>30 May 1963</u>. Broken left foot.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE | SIGNATURE OF  | |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE | | |

SECRET

(When Filled In)

DATE PREPARED

18 April 1963

| REQUEST FOR PERSONNEL ACTION | | | | | | |
|---|---|--|---|---|---------------------------|----------------------|
| SERIAL NUMBER 22760 | 1. NAME (Last, First, Middle) [Redacted] | | | | | |
| 2. SIGNATURE OF PERSONNEL ACTION EXCITED APPOINTMENT | | 4. EFFECTIVE DATE REQUESTED 04 28 '63 | 5. CATEGORY OF EMPLOYMENT PP-UTAP | | | |
| 6. FUNDS | V TO V CP TO CP | V TO CP CP TO CP | 7. COST CENTER NO. CHARGEABLE 3132-2001-1000 | | | |
| 8. ORGANIZATIONAL DESIGNATIONS DD/P/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE CI Section | | 10. LOCATION OF OFFICIAL STATION JMWAVE | | | | |
| 11. POSITION TITLE OPS OFFICER | | 12. POSITION NUMBER 0732 | 13. CAREER SERVICE DESIGNATION D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 11 (4) | | | |
| 17. SALARY OR RATE \$ 8840 | | | | | | |
| 18. REMARKS P - 359 Recorded by CSPD Gm | | | | | | |
| 19. SIGNATURE OF REQUESTING OFFICER Louis W. Armstrong, C/SAS/Pete. | | DATE SIGNED 18 Apr 63 | 20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Lynn Collins | | | |
| 21. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | |
| 22. RET. ON 20. EMPLOYEE CODE | 23. OFFICE GEN. NO. | 24. STATE CODE | 25. STATE CODE | 26. STATE CODE | 27. STATE CODE | |
| 13 10 | 61770 515 9999 | | 2 | 05-2719 | 217 58 791 6 62 | |
| 28. RET. EXPIRES | 29. SPECIAL REFERENCES | 30. ALIGNMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECT INSURANCE AT 30 DATA | 33. STATE TAX REG. NO. | 34. SOC. SEC. NO. |
| 60 yrs | | 1 | | | 71620 111 | |
| 35. RET. PREFERENCE | 36. TERM. COMM. DATE | 37. FED. COMP. DATA | 38. CAREER CATEGORY | 39. FED. / HEALTH INSURANCE | 40. SOC. SEC. NUMBER | |
| 1 - Now 2 - Later 3 - At 30 yrs | 07/01/63 | 17/01/63 | CAREER PROV/TEMP | 1 - Covered 2 - Not 3 - Not 4 - Not 5 - Not 6 - Not 7 - Not 8 - Not 9 - Not 10 - Not 11 - Not 12 - Not 13 - Not 14 - Not 15 - Not 16 - Not 17 - Not 18 - Not 19 - Not 20 - Not 21 - Not 22 - Not 23 - Not 24 - Not 25 - Not 26 - Not 27 - Not 28 - Not 29 - Not 30 - Not 31 - Not 32 - Not 33 - Not 34 - Not 35 - Not 36 - Not 37 - Not 38 - Not 39 - Not 40 - Not 41 - Not 42 - Not 43 - Not 44 - Not 45 - Not 46 - Not 47 - Not 48 - Not 49 - Not 50 - Not 51 - Not 52 - Not 53 - Not 54 - Not 55 - Not 56 - Not 57 - Not 58 - Not 59 - Not 60 - Not 61 - Not 62 - Not 63 - Not 64 - Not 65 - Not 66 - Not 67 - Not 68 - Not 69 - Not 70 - Not 71 - Not 72 - Not 73 - Not 74 - Not 75 - Not 76 - Not 77 - Not 78 - Not 79 - Not 80 - Not 81 - Not 82 - Not 83 - Not 84 - Not 85 - Not 86 - Not 87 - Not 88 - Not 89 - Not 90 - Not 91 - Not 92 - Not 93 - Not 94 - Not 95 - Not 96 - Not 97 - Not 98 - Not 99 - Not 100 - Not 101 - Not 102 - Not 103 - Not 104 - Not 105 - Not 106 - Not 107 - Not 108 - Not 109 - Not 110 - Not 111 - Not 112 - Not 113 - Not 114 - Not 115 - Not 116 - Not 117 - Not 118 - Not 119 - Not 120 - Not 121 - Not 122 - Not 123 - Not 124 - Not 125 - Not 126 - Not 127 - Not 128 - Not 129 - Not 130 - Not 131 - Not 132 - Not 133 - Not 134 - Not 135 - Not 136 - Not 137 - Not 138 - Not 139 - Not 140 - Not 141 - Not 142 - Not 143 - Not 144 - Not 145 - Not 146 - Not 147 - Not 148 - Not 149 - Not 150 - Not 151 - Not 152 - Not 153 - Not 154 - Not 155 - Not 156 - Not 157 - Not 158 - Not 159 - Not 160 - Not 161 - Not 162 - Not 163 - Not 164 - Not 165 - Not 166 - Not 167 - Not 168 - Not 169 - Not 170 - Not 171 - Not 172 - Not 173 - Not 174 - Not 175 - Not 176 - Not 177 - Not 178 - Not 179 - Not 180 - Not 181 - Not 182 - Not 183 - Not 184 - Not 185 - Not 186 - Not 187 - Not 188 - Not 189 - Not 190 - Not 191 - Not 192 - Not 193 - Not 194 - Not 195 - Not 196 - Not 197 - Not 198 - Not 199 - Not 200 - Not 201 - Not 202 - Not 203 - Not 204 - Not 205 - Not 206 - Not 207 - Not 208 - Not 209 - Not 210 - Not 211 - Not 212 - Not 213 - Not 214 - Not 215 - Not 216 - Not 217 - Not 218 - Not 219 - Not 220 - Not 221 - Not 222 - Not 223 - Not 224 - Not 225 - Not 226 - Not 227 - Not 228 - Not 229 - Not 230 - Not 231 - Not 232 - Not 233 - Not 234 - Not 235 - Not 236 - Not 237 - Not 238 - Not 239 - Not 240 - Not 241 - Not 242 - Not 243 - Not 244 - Not 245 - Not 246 - Not 247 - Not 248 - Not 249 - Not 250 - Not 251 - Not 252 - Not 253 - Not 254 - Not 255 - Not 256 - Not 257 - Not 258 - Not 259 - Not 260 - Not 261 - Not 262 - Not 263 - Not 264 - Not 265 - Not 266 - Not 267 - Not 268 - Not 269 - Not 270 - Not 271 - Not 272 - Not 273 - Not 274 - Not 275 - Not 276 - Not 277 - Not 278 - Not 279 - Not 280 - Not 281 - Not 282 - Not 283 - Not 284 - Not 285 - Not 286 - Not 287 - Not 288 - Not 289 - Not 290 - Not 291 - Not 292 - Not 293 - Not 294 - Not 295 - Not 296 - Not 297 - Not 298 - Not 299 - Not 300 - Not 301 - Not 302 - Not 303 - Not 304 - Not 305 - Not 306 - Not 307 - Not 308 - Not 309 - Not 310 - Not 311 - Not 312 - Not 313 - Not 314 - Not 315 - Not 316 - Not 317 - Not 318 - Not 319 - Not 320 - Not 321 - Not 322 - Not 323 - Not 324 - Not 325 - Not 326 - Not 327 - Not 328 - Not 329 - Not 330 - Not 331 - Not 332 - Not 333 - Not 334 - Not 335 - Not 336 - Not 337 - Not 338 - Not 339 - Not 340 - Not 341 - Not 342 - Not 343 - Not 344 - Not 345 - Not 346 - Not 347 - Not 348 - Not 349 - Not 350 - Not 351 - Not 352 - Not 353 - Not 354 - Not 355 - Not 356 - Not 357 - Not 358 - Not 359 - Not 360 - Not 361 - Not 362 - Not 363 - Not 364 - Not 365 - Not 366 - Not 367 - Not 368 - Not 369 - Not 370 - Not 371 - Not 372 - Not 373 - Not 374 - Not 375 - Not 376 - Not 377 - Not 378 - Not 379 - Not 380 - Not 381 - Not 382 - Not 383 - Not 384 - Not 385 - Not 386 - Not 387 - Not 388 - Not 389 - Not 390 - Not 391 - Not 392 - Not 393 - Not 394 - Not 395 - Not 396 - Not 397 - Not 398 - Not 399 - Not 400 - Not 401 - Not 402 - Not 403 - Not 404 - Not 405 - Not 406 - Not 407 - Not 408 - Not 409 - Not 410 - Not 411 - Not 412 - Not 413 - Not 414 - Not 415 - Not 416 - Not 417 - Not 418 - Not 419 - Not 420 - Not 421 - Not 422 - Not 423 - Not 424 - Not 425 - Not 426 - Not 427 - Not 428 - Not 429 - Not 430 - Not 431 - Not 432 - Not 433 - Not 434 - Not 435 - Not 436 - Not 437 - Not 438 - Not 439 - Not 440 - Not 441 - Not 442 - Not 443 - Not 444 - Not 445 - Not 446 - Not 447 - Not 448 - Not 449 - Not 450 - Not 451 - Not 452 - Not 453 - Not 454 - Not 455 - Not 456 - Not 457 - Not 458 - Not 459 - Not 460 - Not 461 - Not 462 - Not 463 - Not 464 - Not 465 - Not 466 - Not 467 - Not 468 - Not 469 - Not 470 - Not 471 - Not 472 - Not 473 - Not 474 - Not 475 - Not 476 - Not 477 - Not 478 - Not 479 - Not 480 - Not 481 - Not 482 - Not 483 - Not 484 - Not 485 - Not 486 - Not 487 - Not 488 - Not 489 - Not 490 - Not 491 - Not 492 - Not 493 - Not 494 - Not 495 - Not 496 - Not 497 - Not 498 - Not 499 - Not 500 - Not 501 - Not 502 - Not 503 - Not 504 - Not 505 - Not 506 - Not 507 - Not 508 - Not 509 - Not 510 - Not 511 - Not 512 - Not 513 - Not 514 - Not 515 - Not 516 - Not 517 - Not 518 - Not 519 - Not 520 - Not 521 - Not 522 - Not 523 - Not 524 - Not 525 - Not 526 - Not 527 - Not 528 - Not 529 - Not 530 - Not 531 - Not 532 - Not 533 - Not 534 - Not 535 - Not 536 - Not 537 - Not 538 - Not 539 - Not 540 - Not 541 - Not 542 - Not 543 - Not 544 - Not 545 - Not 546 - Not 547 - Not 548 - Not 549 - Not 550 - Not 551 - Not 552 - Not 553 - Not 554 - Not 555 - Not 556 - Not 557 - Not 558 - Not 559 - Not 560 - Not 561 - Not 562 - Not 563 - Not 564 - Not 565 - Not 566 - Not 567 - Not 568 - Not 569 - Not 570 - Not 571 - Not 572 - Not 573 - Not 574 - Not 575 - Not 576 - Not 577 - Not 578 - Not 579 - Not 580 - Not 581 - Not 582 - Not 583 - Not 584 - Not 585 - Not 586 - Not 587 - Not 588 - Not 589 - Not 590 - Not 591 - Not 592 - Not 593 - Not 594 - Not 595 - Not 596 - Not 597 - Not 598 - Not 599 - Not 600 - Not 601 - Not 602 - Not 603 - Not 604 - Not 605 - Not 606 - Not 607 - Not 608 - Not 609 - Not 610 - Not 611 - Not 612 - Not 613 - Not 614 - Not 615 - Not 616 - Not 617 - Not 618 - Not 619 - Not 620 - Not 621 - Not 622 - Not 623 - Not 624 - Not 625 - Not 626 - Not 627 - Not 628 - Not 629 - Not 630 - Not 631 - Not 632 - Not 633 - Not 634 - Not 635 - Not 636 - Not 637 - Not 638 - Not 639 - Not 640 - Not 641 - Not 642 - Not 643 - Not 644 - Not 645 - Not 646 - Not 647 - Not 648 - Not 649 - Not 650 - Not 651 - Not 652 - Not 653 - Not 654 - Not 655 - Not 656 - Not 657 - Not 658 - Not 659 - Not 660 - Not 661 - Not 662 - Not 663 - Not 664 - Not 665 - Not 666 - Not 667 - Not 668 - Not 669 - Not 670 - Not 671 - Not 672 - Not 673 - Not 674 - Not 675 - Not 676 - Not 677 - Not 678 - Not 679 - Not 680 - Not 681 - Not 682 - Not 683 - Not 684 - Not 685 - Not 686 - Not 687 - Not 688 - Not 689 - Not 690 - Not 691 - Not 692 - Not 693 - Not 694 - Not 695 - Not 696 - Not 697 - Not 698 - Not 699 - Not 700 - Not 701 - Not 702 - Not 703 - Not 704 - Not 705 - Not 706 - Not 707 - Not 708 - Not 709 - Not 710 - Not 711 - Not 712 - Not 713 - Not 714 - Not 715 - Not 716 - Not 717 - Not 718 - Not 719 - Not 720 - Not 721 - Not 722 - Not 723 - Not 724 - Not 725 - Not 726 - Not 727 - Not 728 - Not 729 - Not 730 - Not 731 - Not 732 - Not 733 - Not 734 - Not 735 - Not 736 - Not 737 - Not 738 - Not 739 - Not 740 - Not 741 - Not 742 - Not 743 - Not 744 - Not 745 - Not 746 - Not 747 - Not 748 - Not 749 - Not 750 - Not 751 - Not 752 - Not 753 - Not 754 - Not 755 - Not 756 - Not 757 - Not 758 - Not 759 - Not 760 - Not 761 - Not 762 - Not 763 - Not 764 - Not 765 - Not 766 - Not 767 - Not 768 - Not 769 - Not 770 - Not 771 - Not 772 - Not 773 - Not 774 - Not 775 - Not 776 - Not 777 - Not 778 - Not 779 - Not 780 - Not 781 - Not 782 - Not 783 - Not 784 - Not 785 - Not 786 - Not 787 - Not 788 - Not 789 - Not 790 - Not 791 - Not 792 - Not 793 - Not 794 - Not 795 - Not 796 - Not 797 - Not 798 - Not 799 - Not 800 - Not 801 - Not 802 - Not 803 - Not 804 - Not 805 - Not 806 - Not 807 - Not 808 - Not 809 - Not 810 - Not 811 - Not 812 - Not 813 - Not 814 - Not 815 - Not 816 - Not 817 - Not 818 - Not 819 - Not 820 - Not 821 - Not 822 - Not 823 - Not 824 - Not 825 - Not 826 - Not 827 - Not 828 - Not 829 - Not 830 - Not 831 - Not 832 - Not 833 - Not 834 - Not 835 - Not 836 - Not 837 - Not 838 - Not 839 - Not 840 - Not 841 - Not 842 - Not 843 - Not 844 - Not 845 - Not 846 - Not 847 - Not 848 - Not 849 - Not 850 - Not 851 - Not 852 - Not 853 - Not 854 - Not 855 - Not 856 - Not 857 - Not 858 - Not 859 - Not 860 - Not 861 - Not 862 - Not 863 - Not 864 - Not 865 - Not 866 - Not 867 - Not 868 - Not 869 - Not 870 - Not 871 - Not 872 - Not 873 - Not 874 - Not 875 - Not 876 - Not 877 - Not 878 - Not 879 - Not 880 - Not 881 - Not 882 - Not 883 - Not 884 - Not 885 - Not 886 - Not 887 - Not 888 - Not 889 - Not 890 - Not 891 - Not 892 - Not 893 - Not 894 - Not 895 - Not 896 - Not 897 - Not 898 - Not 899 - Not 900 - Not 901 - Not 902 - Not 903 - Not 904 - Not 905 - Not 906 - Not 907 - Not 908 - Not 909 - Not 910 - Not 911 - Not 912 - Not 913 - Not 914 - Not 915 - Not 916 - Not 917 - Not 918 - Not 919 - Not 920 - Not 921 - Not 922 - Not 923 - Not 924 - Not 925 - Not 926 - Not 927 - Not 928 - Not 929 - Not 930 - Not 931 - Not 932 - Not 933 - Not 934 - Not 935 - Not 936 - Not 937 - Not 938 - Not 939 - Not 940 - Not 941 - Not 942 - Not 943 - Not 944 - Not 945 - Not 946 - Not 947 - Not 948 - Not 949 - Not 950 - Not 951 - Not 952 - Not 953 - Not 954 - Not 955 - Not 956 - Not 957 - Not 958 - Not 959 - Not 960 - Not 961 - Not 962 - Not 963 - Not 964 - Not 965 - Not 966 - Not 967 - Not 968 - Not 969 - Not 970 - Not 971 - Not 972 - Not 973 - Not 974 - Not 975 - Not 976 - Not 977 - Not 978 - Not 979 - Not 980 - Not 981 - Not 982 - Not 983 - Not 984 - Not 985 - Not 986 - Not 987 - Not 988 - Not 989 - Not 990 - Not 991 - Not 992 - Not 993 - Not 994 - Not 995 - Not 996 - Not 997 - Not 998 - Not 999 - Not 1000 - Not | | |

FORM 1152 OBSOLETE EDITION 4-62
REV. 22 FEB 1962

SECRET

GROUP I
REFUGEE STATUS DETERMINATION
AND DECLASSIFICATION

641

SECRET

(This Form is Valid Until 12-31-63)

DATE PREPARED

18 April 1963

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | | | |
|--|-----------------------------|---|----------|--------------------------------------|------------------------------|---|-------------------------------------|--------------------------------------|--------------------------|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | | | | | | |
| 027630 | HILLMAN, R. N., Jr. | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION RESIGNATION | | | | | | 4. EFFECTIVE DATE REQUESTED | 5. CATEGORY OF EMPLOYMENT | | |
| | | | | | | MONTH DAY YEAR Apr 27 63 | REGULAR | | |
| 6. FUNDS | | X V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | |
| | | CF TO V | CF TO CF | 3012-1000-1000 | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DEP Special Affairs Staff FI/CI Branch | | | | | | 10. LOCATION OF OFFICIAL STATION Washington, D.C. | | | |
| 11. POSITION TITLE OPS OFFICER | | | | | | 12. POSITION NUMBER 0682 | 13. CAREER SERVICE DESIGNATION D | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES GS | | 16. GRADE AND STEP 0136.01 | 17. SALARY OR RATE 11 (4) | 18. REMARKS | | | |
| <p style="text-align: right;">Recorded by CSRD <i>[Signature]</i></p> <p>1 cy Security</p> <p>19. SIGNATURE OF REQUESTING OFFICER <i>Louis W. Armstrong, USAF</i></p> <p>LOUIS W. ARMSTRONG, USAF</p> <p>DATE SIGNED 18 Apr 63</p> <p>20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Walter P. Field, USAF</i></p> <p>DATE SIGNED 18 Apr 63</p> <p>21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Walter P. Field, USAF</i></p> <p>DATE SIGNED 18 Apr 63</p> | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 22. ACTION CODE | | 23. PAYROLL CODE | | 24. WORK TIME | 25. PAYMENT IN ADVANCE | | 26. DATE OF PAY | 27. DATE OF PAY | |
| 45/10 | | N/A | | N/A | 1 | 05 | 17 | 18 | |
| 28. PAY BASIS | | 29. RETIREMENT DATA | | 30. SEPARATION DATA | | 31. SEPARATION PAYMENT IN ADVANCE | | 32. SICK PAY END. NO. | 33. SICK PAY END. NO. |
| REG. DA. YR. | | REF. NUMBER | | DATA CODE | | DATA CODE | | | |
| 34. VIT. PREFERENCE | | 35. SERV. COMM. DATE | | 36. VIT. COMM. DATE | | 37. VIT. HEALTH. RELIEF | | 38. SOCIAL SECURITY | |
| CODE | | Y - NONE X - 1963 Z - 1964 | | Y - 1963 X - 1964 Z - 1965 | | Y - 1963 X - 1964 Z - 1965 | | Y - 1963 X - 1964 Z - 1965 | |
| 39. PREVIOUS GOVERNMENT SERVICE DATA | | 40. PREVIOUS GOVERNMENT SERVICE DATA | | 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. PREVIOUS GOVERNMENT SERVICE DATA | | 43. PREVIOUS GOVERNMENT SERVICE DATA | |
| CODE | | Y - NO PREVIOUS SERVICE X - NO SERVICE IN GOVERNMENT Z - SERVICE IN GOVERNMENT LESS THAN 5 YEARS W - SERVICE IN GOVERNMENT MORE THAN 5 YEARS | | CODE | | Y - NO PREVIOUS SERVICE X - NO SERVICE IN GOVERNMENT Z - SERVICE IN GOVERNMENT LESS THAN 5 YEARS W - SERVICE IN GOVERNMENT MORE THAN 5 YEARS | | CODE | |
| 44. POSITION CONTROL CERTIFICATION <i>W. K. Armstrong</i> | | | | | | 45. O.P. APPROVAL <i>Walter P. Field</i> | | 46. DATE APPROVED 18 Apr 63 | |

RZRI 25 APR 63

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | |
|--|-----------------------------|-------------------------|-------------------|--------------------|---------------------------|--------------------|--|--|--|--|
| DEF. | | | | | | | | | | |
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | |
| 027630 | MIDALGO B N JR | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | | | | | |
| RESIGNATION | | | | | | | | | | |
| 4. FUNDS ➤ <input checked="" type="checkbox"/> | V TO V | V TO CP | 5. EFFECTIVE DATE | | 6. CATEGORY OF EMPLOYMENT | | | | | |
| | EE TO V | EE TO CP | 04 | 27 | 63 | REGULAR | | | | |
| 7. COST CENTER NO. (CHARGEABLE) | | | | | | | | | | |
| 3232 1000 1000 | | | | | | | | | | |
| 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | | | | |
| 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | |
| 11. POSITION TITLE | | | | | | | | | | |
| OPS OFFICER | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | |
| GS | | 0136.01 | | 11 4 | | 8840 | | | | |
| 18. REMARKS | | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | |

SECRET

SECRET

(BASIC FORM 1152)

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | |
|--|--|----------------------------------|------------------------|--|-------------------------|---|--------------------|-----------------|-------------|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | | | | | 6-Nov-1962 | |
| C27630 | JOSEPH, ALLEN, JR. | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE REQUESTED | | 5. CATEGORY OF EMPLOYMENT | | | |
| | | | | MONTH | DAY | YEAR | REGULAR | | |
| | | | | 11 | 10 | 62 | | | |
| 6. FUNDS | | V TO V | V TO CP | 7. COST CENTER NO. CHARGE | | 8. LEGAL AUTHORITY (Completed by Date) | | | |
| | | CP TO V | CP TO CP | 3801100-3000 | | Office of Personnel | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| 2 A DIP Field Force W F-CI Branch | | | | WFO Station, DCS | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | | |
| DPS OFFICER | | | | 000 | | O-92 | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 000 | | 0336.02 | | O-4 | | | |
| 18. REMARKS | | | | Recorded By CSPD | | | | | |
| From: DPP/JR/PL/MS. St., 2nd. A., Rm. 604, 6041 Tracy | | | | Sgt. 3C1 Bemis, Jr. Philip C. Bemis, Jr./Tech. Ofc. | | | | | |
| 19. SIGNATURE OF REQUESTING OFFICIAL | | | | DATE SIGNED | | 20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED |
| Hansie Armstrong, 67862 | | | | 67862 | | Col. R. L. Clark | | | 67862 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 21. ACTION CODE | 22. EMPLOYEE CODE | 23. OFFICE CODING | 24. STATION CODE | 25. INTERVIEW CODE | 26. MOBIL. CODE | 27. DATE OF BIRTH | 28. DATE OF GRADE | 29. DATE OF LEI | |
| 37 | 10 | 61300 TFW | | | 1 | 5 27 19 | | | |
| 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY INFO. NO. | 34. SSN | | | | | |
| NO. OF yrs. | SPECIAL REFERENCE | DATA CODE | TYPE | NO. DA. YR. | NO. DA. YR. | | | | |
| 1 - CSC 3 - FICA 4 - RIF | CODE | | | | | | | | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | | |
| CODE | MO DA YR | MO DA YR | CAR/RES PROV/TEMP | CODE | O - DRIVER | 1 - PAS | 41. STATE TAX DATA | | |
| 1 - POW 2 - CAPT 3 - 10 PT | | | | | | | 42. STATE TAX DATA | | |
| 43. PREVIOUS GOVERNMENT SERVICE DATA | | | | 44. FEDERAL TAX DATA | | | | | |
| CODE | 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS) | 45. LEAVE CAT. CODE | 46. FEDERAL TAX DATA | 47. STATE TAX DATA | | | | | |
| | | | FORM RELEASED CODE | ALL TAX EXEMPTIONS | FORM RELEASED | CODE | REG. TAX EXEMPT. | | |
| | | | 1 - 000 | 1 - 000 | 1 - 000 | | STATE CODE | | |
| 48. POSITION CONTROL CERTIFICATION | | | | 49. O.P. APPROVAL | | | | | |
| 3.7 Kearney 11/19/62 | | | | EVP/PL/MS/67862/11/19/62 | | | | | |
| 50. DATE APPROVED | | | | | | | | | |

SECRET

(This form is to be filled in by)

DATE PREPARED

4 January 1962

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | |
|--|-----------------------------|-------------------------|---------------------------------|---|---|-----------------------------|---|------------------------|--------------------|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | 3. EFFECTIVE DATE REQUESTED | | | 4. CATEGORY OF EMPLOYMENT | | |
| 027630 | HIDALGO, RAMES M. JR. | | | MONTH | DAY | YEAR | REGULAR | | |
| 5. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | 6. COST CENTER NO. CHARGEABLE | | | 7. LEGAL AUTHORITY (Completed by Office of Personnel) | | |
| 8. FUNDS | X | V TO V | V TO CP | 2235 1000 1000 | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP WH SECTION A PLANS & OPERATIONS STAFF | | | | 10. LOCATION OF OFFICIAL STATION | | | WASHINGTON, D. C. | | |
| 11. POSITION TITLE OPS OFFICER | | | | 12. POSITION NUMBER BR-641 | | | 13. CAREER SERVICE DESIGNATION D | | |
| 14. CLASSIFICATION SCHEDULE (GS, ER, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0136.01 | | 11 3 | | \$6,000 | | | |
| 18. REMARKS FROM: DDP/WH/L/FT-CI/1681 | | | | | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICIAL P. C. BOWERS C/WH/Personnel | | | DATE SIGNED | | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. Hickey | | | DATE SIGNED | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 20 ACTION CODE | 21. EMPLOYEE CODE | 22. OFFICE CODING | 23. STATION CODE | 24. UNIT/TYPE CODE | 25. DATE OF BIRTH | 26. DATE OF DEATH | 27. DATE OF DIS | | |
| 20 | C | NUMERIC | ALPHABETIC | CODE | MM DD YY | MM DD YY | MM DD YY | | |
| 20 DATE EXPIRES | | 21. SPECIAL REFERENCE | 22. RETIREMENT DATA | 23. SEPARATE EXECUTIVE/TECHNICAL PAY DATA | 24. MIL. SERV. 2000-1960 | 25. FEAT / HEALTH INSURANCE | 26. SECURITY REG. NO. | 27. SEC. SER. REG. NO. | |
| MO. DA. YE. | | | 1 - 252 3 - 4128 5 - 8786 | CODE | MM DD YY | MM DD YY | CODE | MM DD YY | |
| 35. VET. PREFERENCE | | 36. SERV. COMM. DATE | 37. LONG COMM. DATE | 38. MIL. SERV. 2000-1960 | 39. FEAT / HEALTH INSURANCE | 40. SOCIA. SECURITY NO. | | | |
| CODE | | MO. DA. YE. | MO. DA. YE. | MM DD YY | MM DD YY | CODE | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. PREV. CAT. CODE | 43. --> 44. TAX DATA | 44. --> 45. TAX DATA | | | | | |
| CODE | | | FROM PREVIOUS | 45. TAX EXEMPTIONS | FROM PREVIOUS | 46. TAX EXEMPTIONS | 47. TAX EXEMPTIONS | 48. TAX EXEMPTIONS | 49. TAX EXEMPTIONS |
| 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MO. 3 - BREAK IN SERVICE MORE THAN 12 MO. | | | 1 - YES 2 - NO | | 1 - YES 2 - NO | | 1 - YES 2 - NO | | 1 - YES 2 - NO |
| 45. POSITION CONTROL CERTIFICATION | | | | | 46. O.P. APPROVAL | | | DATE APPROVED | |
| <i>1/16/62 J.M.</i> | | | | | <i>R. Hickey</i> | | | | |

SECRET

(When Filled In)

DATE PREPARED

8 August 1961

| REQUEST FOR PERSONNEL ACTION | | | | | | |
|--|-------------------------------|------------------------------------|-------------------------|---|---|-------------------------------------|
| 1. SERIAL NUMBER | 2. NAME (Last, First, Middle) | | | | | |
| 027630 | HIDALGO, B. N., Jr. | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT (And Transfer to Vouchered Funds) | | | | 4. EFFECTIVE DATE REQUESTED | 5. CATEGORY OF EMPLOYMENT | |
| | | | | MONTH DAY YEAR 19 61 | REGULAR | |
| 6. FUNDS | | V TO V | V TO CP | 7. COST CENTER NO. CHARGEABLE | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| | | X - CP TO V | CP TO CP | 2635-5000-8021 | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/WH DDP Branch 4 PI-CI Sec. | | | | 10. LOCATION OF OFFICIAL STATION Washington, D.C. | | |
| 11. POSITION TITLE OPS OFFICER (E) | | | | 12. POSITION NUMBER 0681 | 13. PCS CONTROL NO. | 14. CAREER SERVICE DESIGNATION D |
| 15. CLASSIFICATION SCHEDULE (E.G. LD, SEC.) CS (12) | | 16. OCCUPATIONAL SERIES 0136.01 | | 17. GRADE AND STEP 11 (3) | 18. SALARY OR RATE \$ 8,030 | |
| 19. REMARKS From: DDP/WH, Br. 4, #0626 | | | | | | |
| 20. SIGNATURE OF REQUESTOR (FICIAL) HERBERT V. JULY, CH/WH/47 Pers. | | | | 21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. Reedy | | |
| 22. SIGNATURE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | |
| 23. PREVIOUS EMPLOYMENT DATA | | 24. DATE OF BIRTH | 25. DATE OF DEATH | 26. DATE OF SEPARATION | 27. DATE OF LAST PAY | |
| CODE | CODE | CODE | CODE | CODE | CODE | CODE |
| 16 | 16 64152 | 11 14 | 75013 | 1 | 05 2719 | |
| 28. DATE OF RE-ENLISTMENT | | 29. DATE OF SEPARATION | 30. DATE OF DISCHARGE | 31. SECURITY REG. NO. | 32. SECURITY REG. NO. | |
| CODE | CODE | CODE | CODE | CODE | CODE | CODE |
| 33. STATE OF RESIDENCE | | 34. STATE OF COMB. CODE | 35. STATE OF COMB. CODE | 36. FEUDAL STATE IN JAPAN | 37. SOCIAL SECURITY NO. | |
| CODE | CODE | CODE | CODE | CODE | CODE | CODE |
| 38. PREVIOUS GOVERNMENT SERVICE DATA | | 39. STATE TAX CODE | 40. STATE TAX CODE | 41. STATE TAX CODE | 42. STATE TAX CODE | |
| CODE | CODE | CODE | CODE | CODE | CODE | CODE |
| 43. POSITION CONTROL CERTIFICATION | | 44. O.P. APPROVAL | | | | |
| 7/2 Kearney 08/1/61 | | R. Reedy | | | | |

~~SECRET~~

REQUEST FOR PERSONNEL ACTION

| | | | | | |
|---------------|-----------------------------|---------------------------------|----------------------|------------------------|--------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vot. Prefer. | 5. Sex | 6. Co-FOU |
| | HIDALGO, BALMES M., JR. | Mo. Da. Yr. | Normal Code S P 1 | M | Mac. Da. Yr. |
| 7. SCD | 8. CSC Reqt. | 9. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD |
| Mo. Da. Yr. | Yes - 1 Code No - 2 | | Mo. Da. Yr. | Yes - 1 Code No - 2 | Mo. Da. Yr. |
| | | | | | |

2

PREVIOUS ASSIGNMENT

| | | | | | |
|--|---|--|--|--|---------------------------------------|
| 14. Organizational Designations DDP/OPR OPERATIONS SCHOOL COVERT TRAINING | Code | 15. Location Of Official Station WASH., D. C. | Station Code | | |
| 16. Dept. - Field Dept : Code USMld : Frqn : | 17. Position Title INSTRUCTOR OPERATIONS | 18. Position No. 1014 | 19. Serv. 20. Occup. Series GS 1711.50 | | |
| 21. Grade & Step 11 2 | 22. Salary Or Rate \$ 7270 | 23. SD D | 24. Date Of Grade Mo. Da. Yr. 03/17/54 | 25. PSI Due Mo. Da. Yr. 13/11/61 | 26. Appropriation Number 0175-2533 |

ACTION

| | | | | | |
|--------------------------------------|------|---|---------------------------------|------|----------------------------|
| 27. Nature Of Action REASSIGNMENT | Code | 28. EH. Date Mo. Da. Yr. 06/26/60 | 29. Type Of Employee REGULAR | Code | 30. Separation Date 7/1 |
|--------------------------------------|------|---|---------------------------------|------|----------------------------|

3A

PRESENT ASSIGNMENT

| | | | | | |
|---|-----------------------------------|--|--|--------------------------------------|--|
| 31. Organizational Designations DDP WH BRANCH 4 | Code | 32. Location Of Official Station WASH., D. C. | Station Code | | |
| 33. Dept. - Field Dept : Code USMld : Frqn : | 34. Position Title OPS OFFICER | 35. Position No. BA-626 | 36. Serv. 37. Occup. Series GS 0136.01 | | |
| 38. Grade & Step 11 2 | 39. Salary Or Rate \$ 7270 | 40. SD D | 41. Date Of Grade Mo. Da. Yr. 1/1/60 | 42. PSI Due Mo. Da. Yr. 1/1/60 | 43. Appropriation Number 0135 1000 1000 |

SOURCE OF REQUEST

A. Requesting Agency And Title

1. E. R. POWERS WH/PERSONNEL OFFICER

2. For Additional Information Call (Name & Telephone Ex.)

JOHN WASHINGO X8242

C. Request Approved By (Signature And Title)

ELMER R. WINGROVE PERSONNEL OFFICER

CLEARANCES

| | | | | | |
|-------------------|--------------|---------|----------------|------------|---------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | L. R. Powers | 6-21-60 | D. Placement | | |
| B. Pos. Control | L. R. Powers | 6-23-60 | E. | | |
| C. Classification | | | F. Approved By | W. L. Goss | 6-23-60 |

Remarks

2 copies to Security. 1 Loss Notice.

~~SECRET~~

SECRET

When Filled in

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----|----|------------------------------|------|--------|---------------------------------|--|--|----------------|----|--------|---------|--------------------|----------|---------|-----------|----|---------|------|-------------------------|----|----|----|---------|------|
| DATE PREPARED | | | REQUEST FOR PERSONNEL ACTION | | | | | | | | | | V-10-V | X | V-10-UV | | | | | | | | | | |
| Mo | Da | Yr | | | | | | | | | | | UV-10-V | UV-10-UV | | | | | | | | | | | |
| 5 | 20 | 59 | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Serial No. | | | 2. Name (Last-First-Middle) | | | 3. Date of Birth | | | 4. Vet. Prof. | | 5. Sex | | 6. CSC - EOD | | | | | | | | | | | | |
| | | | HIDALGO, Balmea N., Jr. | | | Mo Da Yr | | | Name-0 Code | | M | | Mo Da Yr | | | | | | | | | | | | |
| 7. SCD | | | 8. CSC Retiree | | | 9. CSC Or Other Legal Authority | | | SP-1 10 P-2 | | M | | 10. Aprt. Altitude | | | 11. FEGLI | | 12. LCD | | 13. MIL SERV CREDIT LCA | | | | | |
| Mo | Da | Yr | Yes - 1 | Code | No - 2 | | | | Mo | Da | Yr | Yes - 1 | Code | No - 2 | Mo | Da | Yr | Yes - 1 | Code | No - 2 | Mo | Da | Yr | Yes - 1 | Code |

PREVIOUS ASSIGNMENT

| | | | | | |
|--|--|-------------|---|---|---------------------------------------|
| 14. Organizational Designations DDP/WH Branch III Central America Section | | Code | 15. Location Of Official Station Washington, D. C. | Station Code | |
| 16. Dept., Field Dept - USFld - Frgn - D | 17. Position Title Area Ops Officer | | 18. Position No. 0486 | 19. Serv. 20. Occup. Series GS 0136.01 | |
| 21. Grade & Step 11 1 | 22. Salary Or Rate \$ 7,030 | 23. SD D | 24. Date Of Grade Mo Da Yr 03 17 58 | 25. PSL Due Mo Da Yr 09 20 59 | 26. Appropriation Number 8-3500-20 |

ACTION

| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
|---|------|--|----------------------|------|---------------------|
| Reassignment + Transfer to Confidential Grade | 03 | Mo Da Yr. 06 11 97 (S-1111) | Regular | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|--|---|--------------------------|---|-----------------------------|---|
| 31. Organizational Designations DDS/OTR Operations School Covert Training | | Code 1172 | 32. Location Of Official Station Washington, D. C. | Station Code 75C43 | |
| 33. Dept.-Field Dept - D Usfld - Frqn - 3 | 34. Position Title Instructor Operations | 35. Position No. 1014 | 36. Serv. 37. Occup. Series GS 1711.50 | | |
| 38. Grade & Step 11 1 | 39. Salary Or Rate \$ 7,030 | 40. SD D | 41. Date Of Grade Mo Da Yr | 42. PSI Due Mo Da Yr | 43. Appropriation Number 9-7500-30-018 |

SOURCE OF REQUEST

| | | |
|--|-------------------|--|
| A. Requested By (Name And Title) | SOURCE OF REQUEST | C. Request Approved By (Signature And Title) |
| Mr. Glen Moorhouse, C/OS | | <i>[Signature]</i> MATTHEW BIRD Director of Training |
| B. For Additional Information Call (Name & Telephone Ext.) | | |
| Mr. Elmer R. Wingrove, x-3078 | | |

CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|-------------------|----------------------|-----------|----------------|------------------|-----------|
| A. Career Board | <i>J. D. McGehee</i> | 11 JUN 55 | D. Placement | | |
| B. Pos. Control | <i>CP</i> | 11 JUN 55 | E. | | |
| C. Classification | | | F. Approved By | <i>C. Powell</i> | 11 JUN 55 |
| Remarks | | | | | |

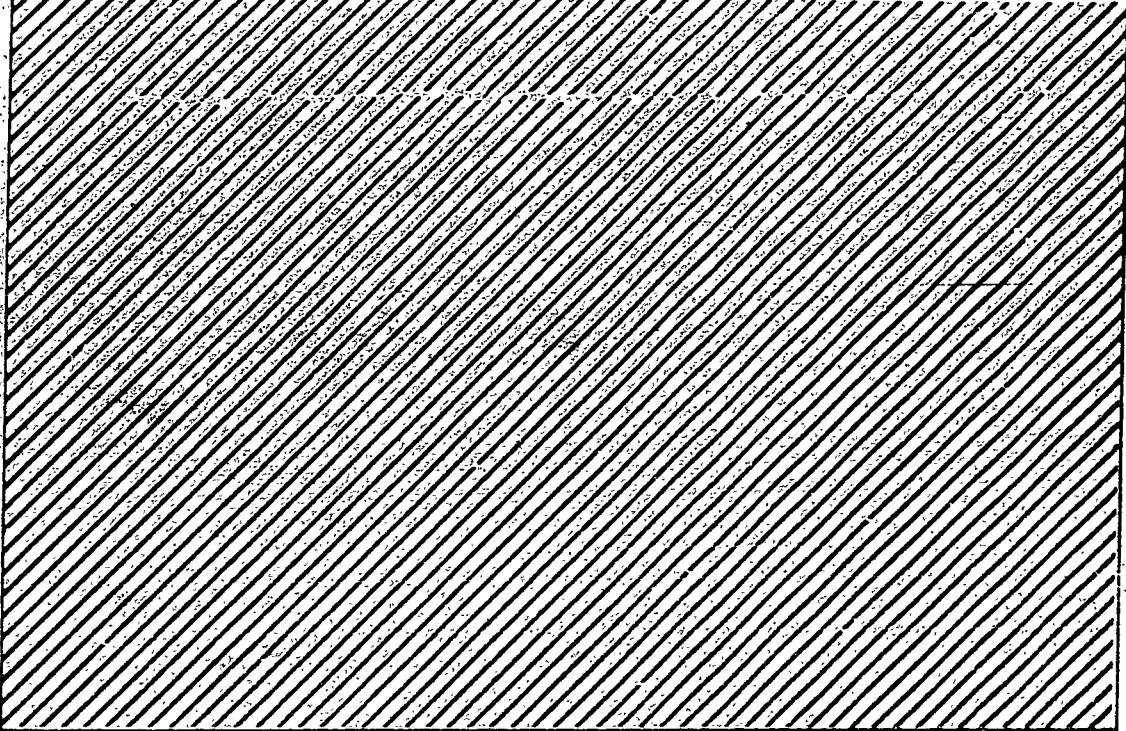
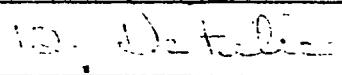
One copy forwarded to UNVOUCHERED Payroll. Two copies forwarded to Security.

Recorded by
CSPD

FORM 1152g (USE PREVIOUS EDITION)

1152g (USE PREVIOUS EDITION)
1152g (USE PREVIOUS EDITION)

SECRET
REF ID: A6577

| | | |
|---|--|----------------------|
|  | | |
| NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) | DATE OF BIRTH | CASE OR CLAIM NUMBER |
| HEDALGO, Ermes | Unk | 58-112 |
| <p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>1 Oct 57</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE | SIGNATURE OF BCO REPRESENTATIVE | |
| 24 Sept 58 |  | |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE | | |

SECRETClassification According
To Content**REQUEST FOR PERSONNEL ACTION**

| | | | | | | | |
|------------------|-------------------------------|--|--|---------------------------------|--------------------|---------------------|------------------|
| 1. Serial No. | 2. Name (Last, First, Middle) | | | 3. Date Of Birth | 4. Vet. Pref. | 5. Sex | 6. CS. EOD |
| 12707 | MR. BALMIS N. HIDALGO, Jr. | | | Mo 5 Da 27 Yr 19 | No. 0 Code S. P-1 | I | Mo 2 Da 17 Yr 51 |
| 7. SCD | 8. CSC Rec'd | | | 9. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD |
| Mo 7 Da 16 Yr 46 | Yes - 1 Code No - 2 | | | 504194431 | Mo 3 Da 10 Yr 56 | Yes - 1 Code No - 2 | Mo 1 Da 2 Yr 21 |

PREVIOUS ASSIGNMENT

| | | | | | |
|---------------------------------|--------------------|------------------|----------------------------------|------------------|--------------------------|
| 14. Organizational Designations | | Code | 15. Location Of Official Station | | Station Code |
| | | | | | |
| 16. Dept.- Field | 17. Position Title | 18. Position No. | | 19. Serv. | 20. Occup. Series |
| Dept - I Code Usfd - I Fran - | | | | | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
| | \$ | | Mo 3 Da 17 Yr 56 | Mo 9 Da 26 Yr 57 | |

ACTION

| | | | | | |
|----------------------|------|------------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| Excepted Appointment | 13 | Mo 3 Da 17 Yr 56 | Regular | C1 | |

PRESENT ASSIGNMENT

| | | | | | |
|---|--------------------|------------------|----------------------------------|------------------|--------------------------|
| 31. Organizational Designations | | Code | 32. Location Of Official Station | | Station Code |
| DDP/WH Branch III Central America Section | | 4613 | Washington, D.C. | | |
| 33. Dept.- Field | 34. Position Title | 35. Position No. | | 36. Serv. | 37. Occup. Series |
| Dept - X Code Usfd - Area Ops Officer | | # BA-166-11 | | GS | 0136.01 |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
| 11-I | \$ 6390 | D | Mo 3 Da 17 Yr 56 | Mo 9 Da 26 Yr 57 | 8-3500-20 |

SOURCE OF REQUEST

| | | |
|---|--|--|
| A. Requested By (Name And Title) P.C. BOERS WH Personnel Officer | C. Request Approved By (Signature And Title) | |
| B. For Additional Information Call (Name & Telephone Ext) JOHN WASHINKO X 8242 | | |

CLEARANCES

| | | | | | |
|-------------------|--------------------|---------|----------------|--------------------|-------------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | <i>[Signature]</i> | 3/12/58 | D. Placement | <i>[Signature]</i> | 3/14/58 |
| B. Pos. Control | <i>[Signature]</i> | 3/11/58 | E. | <i>[Signature]</i> | |
| C. Classification | | | F. Approved By | <i>[Signature]</i> | 10 APR 1958 |

Remarks

Subject is presently engaged as a Contract Employee with the WH Division.
* For slotting purposes Only.

*Approved for DOD purpose
K.W. Johnson
SSA [Signature]*

| | | | | | | | | | | | | | | | | | | | | | |
|---|------|---|--|--------------|------|----------|--|--|--|--|--------------|---|--|-----|------|------|------|---|---|---|---|
| STANDARD FORM 52 FEDERAL PAYROLL U.S. GOVERNMENT PERSONNEL APPROVED FOR USE 1950 REQUEST FOR PERSONNEL ACTION UNVOUCHERED | | | | | | | | | | | | | | | | | | | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | | | | | | | | | | | | | | | | | |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) | | 2. DATE OF BIRTH | 3. REQUEST NO. | | | | | | | | | | | | | | | | | | |
| Mr. Balme N. HIDALGO, Jr. | | 27 May 1919 | 8 July 55 | | | | | | | | | | | | | | | | | | |
| 4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment; promotion, separation, etc.) | | 5. EFFECTIVE DATE A. PROPOSED | 6. C.S. OR OTHER LEGAL AUTHORITY | | | | | | | | | | | | | | | | | | |
| Excepted Appointment | | B. APPROVED: | | | | | | | | | | | | | | | | | | | |
| 7. POSITION (Specify whether civilian, change grade or title, etc.) | | | | | | | | | | | | | | | | | | | | | |
| FROM— | | 8. POSITION TITLE AND NUMBER 9. SERVICE GRADE AND SALARY | TO— 10. I. O. (FI) BAF-277 GS-0136.51-11, \$6390.00 p.a., K DDP/WH Panama City, Panama | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | 11. FIELD OR DEPARTMENTAL | <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | | | | | | | | | | | | | | | | | |
| A. REMARKS (Use reverse if necessary) <p>Subject is presently a contract employee with Project HYPOTHESIS.</p> | | | | | | | | | | | | | | | | | | | | | |
| B. REQUESTED BY (Name and title) <i>James J. Schmitz</i> , CNH | | C. REQUEST APPROVED BY Signature: _____ Title: _____ | | | | | | | | | | | | | | | | | | | |
| D. FOR ADDITIONAL INFORMATION (Name and telephone extension) P. C. Bowens, X3692 | | | | | | | | | | | | | | | | | | | | | |
| E. VETERAN PREFERENCE <table border="1"> <tr> <td>NAME</td> <td>WWII</td> <td>OTHER</td> <td>S PT</td> <td>13 POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> </table> | | NAME | WWII | OTHER | S PT | 13 POINT | | | | | DISAB. OTHER | F. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>REAL</td> </tr> <tr> <td>.</td> <td>.</td> <td>.</td> <td>.</td> </tr> </table> | | NEW | VICE | I.A. | REAL | . | . | . | . |
| NAME | WWII | OTHER | S PT | 13 POINT | | | | | | | | | | | | | | | | | |
| | | | | DISAB. OTHER | | | | | | | | | | | | | | | | | |
| NEW | VICE | I.A. | REAL | | | | | | | | | | | | | | | | | | |
| . | . | . | . | | | | | | | | | | | | | | | | | | |
| G. RACE M W | | H. APPROPRIATION FROM: <i>6-3525-56-051</i> | | | | | | | | | | | | | | | | | | | |
| I. TO: | | J. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) <i>Yes</i> | | | | | | | | | | | | | | | | | | | |
| | | K. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) STATE: <i>SD: DO 1/26</i> | | | | | | | | | | | | | | | | | | | |
| L. STANDARD FORM 50 REMARKS <p style="text-align: center;"><i>17 1/26</i></p> | | | | | | | | | | | | | | | | | | | | | |
| M. CLEARANCES | | N. INITIAL OR SIGNATURE | O. DATE | | | | | | | | | | | | | | | | | | |
| P. APPROVED BY <i>Robert A. Stue, Jr. 7/28/55</i> | | Q. REMARKS | | | | | | | | | | | | | | | | | | | |
| R. CLERICAL | | | | | | | | | | | | | | | | | | | | | |

SECRET

(Form 1416-1)

| 1. PERSONAL ID NO. 027630 | | BIOGRAPHIC PROFILE (PART I) (CD) 16 Jul 1976 | | | |
|--|--|--|--|--|----------|
| 2. NAME (Last-First-Middle) HUMES, B. N., Jr. | | 3. SEX M | 4. DATE OF BIRTH 27 May 1910 | 5. LENGTH OF COM. DATES 1970-1976 | |
| 6. MARITAL STATUS Widowed | 7. DEPENDENTS (Excl. Chd.) 0 | 8. YEAR OF BIRTH 2 1914 1892 | 9. NATURALIZATION DATES PR Puerto Rico NA | | |
| 10. CAREER STATUS STAFF ALAVI | 11. MEMBERSHIP Year 1961 | 12. OTHER STATUS | 13. LAST MO. PAY Jul 1967 | 14. DUAL POS. Dpt Only | |
| 15. CHECKED SECRET | 16. PREVIOUS SERVICE X | 17. GRADE O-6 | 18. ACTIVE DUTY WITH CIA CAT-3 | 19. RELEASE NO. MIL SEC. CAT-3 | |
| 20. APPROVAL DATE None | 21. PROFESSIONAL TEST DATE Feb 1958 | 22. LANGUAGE PROFICIENCY TEST DATE None | | | |
| 23. MILITARY SERVICE: US Army, Cpl - Infantry 1944-45 Jersey City Quartermaster Depot; Jersey City, NJ - Inspector 1945-47 Francis H. Lazzari Co (Food Wholesaler), NYC - Corres. Valence Clerk 1946-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951-52 Dept of Defense, New York QM Procurement Agency, NYC - Inspector | | | | | |
| 24. NON-CIA EDUCATION: High School Graduate 1945-46 New York University - Foreign Trade, Business Law | | | | | |
| 25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Testcd) | Portuguese - R Inform; W, P, S, U None (Oct 1959); T None - May 1958 Spanish - R High; W Inform; P, S, U Native (Nov 1959); Translate, Interpret - May 1958 | | | | |
| 26. AGENCY SPONSORED TRAINING 1958 Comm Party Org & Ops 1958 CI Famil 1958 Info Rptng, Rpts & Rpts 1958 Operations 1958 Int'l Orient 1959 Picks & Locks 1959 Audio Surveil Mgmt 1966 Undetermined Entry (Cont) | | | | | |
| 27. CIA EMPLOYMENT HISTORY SINCE 13 SEPT 1947 (Personnel Actions, Military Orders, and Detainee Details) | | | | | |
| EFFECTIVE DATE | POSITION TITLE & OCCUPATIONAL CODE | GRADE | RD | ORGANIZATION & COUNTRY, TITLE (If any) | LOCATION |
| Mar 1958 | Pob 1952 - Mac 1958, Contract Employee for DDP/WI/Project HYDROGEN | 0136.01 | 11 | DDP/WI-III/Control Americas | Panama |
| | Area Ops Off | 0136.01 | 11 | DDP/WI-III/Control Americas | Hq |
| | Jan - Feb 1959, TDY Mexico and Guatemala | | | | |
| Jun 1959 | Instructor (Ops) | 1711.50 | 11 | OTR/Ops School/Covered Trng | Hq |
| Jun 1960 | Ops Off | 0136.01 | 11 | DDP/WI-4 | " |
| AUG 1961 | " " | 0136.01 | 11 | DDP/WI-4/TI-CI Secy | " |
| Jan 1962 | " " | 0136.01 | 11 | DDP/WI-Plans & Ops Secy/Secy & Ops | " |
| Apr 1963 | " " | 0136.01 | 11 | DDP/SAS/US Fld/Forward, Ops Secy | MM/VS |
| Dec 1963 | " " | 0136.01 | 12 | DDP/SAS/CS/CS Dev Corp | Hq |
| Apr 1964 | " " | 0136.01 | 12 | DDP/SAS/CI Staff/Ops | " |
| Nov 1964 | " " | 0136.01 | 12 | DDP/WI/C/Genl Ops Dir | " |
| May 1965 | " " | 0136.01 | 12 | DDP/WI-2/Panama | " |
| Dec 1965 | " " | 0136.01 | 12 | | |
| 28. DATE REVIEWED 22 Jun 1976 | 29. PROFILE REVIEWED BY John / JSA | 30. DATE TO BE REVIEWED & VERIFIED BY DIRECTOR 01 Oct 1980 | 31. PROFILE | | |
| 32. FORM 1200 (PART I) USE PREVIOUS EDITIONS | | SECRET | | | |

0037 1200 (PART I) USE PREVIOUS EDITIONS

SECRET

PROFILE

SECRET

(When Filled In)

| | | |
|---|------------------------------------|--|
| REF ID: SERIAL NO. 022630 | BIOGRAPHIC PROFILE (PART 2) | |
| NAME (Last-First-Middle) MURKIN, P. N., Jr. | DATE OF BIRTH 27 May 1919 | |
| 23. SUMMARIES OF EVALUATIVE REPORTS FOR THE PAST TWO YEARS | | |
|  <p>A black and white portrait photograph of a man with short, light-colored hair, wearing a suit jacket, white shirt, and tie. Below the photo is a name tag that reads "MURKIN, P. N., Jr."</p> | | |
| 24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE | | |
| 25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL | | |
| 26. ADDITIONAL INFORMATION Appreciation 1948 from TSD/AP/CAS for the postal intercept exemplars which are invaluable to that office. | | |
| 27. DATE REVIEWED 23 Jun 1969 | 28. PROFILE REVIEWED BY bms/ots | |

FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) SECRET
1 FEB 57 WHICH IS OBSOLETE.

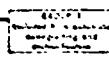
PROFILE

148

SECRET

(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 027630 |
|--|--|--|--|---|----------------------------------|
| SECTION A | | | | | |
| 1. NAME (Last) (First) (Middle) Hidalgo Balmer, N. | | | 2. DATE OF BIRTH 05/27/19 | 3. SEX M | 4. GRADE GS-12 |
| 5. OFFICIAL POSITION TITLE Ops Officer | | | 6. OFFICE/DIVISION OF ASSIGNMENT DDP/PAH/2 | 7. CURRENT STATION HQS | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER/PROVISIONAL (See Instructions - Section C) | | | 9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL | 10. REASSIGNMENT SUPERVISION REASSIGNMENT EMPLOYEE | |
| 11. DATE REPORT DUE IN O.P. 31 January 1969 | | | 12. REPORTING PERIOD (From To) 1 January 1968 - 31 December 1968 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1 Desk Case Officer for Panama City Station FI operations. Prepares cables and dispatches to Panama City and other Stations and internal Headquarters correspondence. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Conducts required coordination with other offices within the agency. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Supervises and/or maintains files and regulates indexing relating to his cases. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance, during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER P |



~~SECRET~~**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Hidalgo is a man of unusual background even in our unusual organization. This background undoubtedly affords him qualifications for our work, but nevertheless, on the professional level he suffers from disadvantages as well--overcoming some but not others. He is not well-educated in a formal sense, and in our world of words is not adequately equipped to prepare finished written correspondence. He has difficulty in organizing his work systematically, thus at times, giving an impression that the preparation has not been thorough--which might not really have been true.

On the other hand, Mr. Hidalgo has the advantage of native fluency in Spanish and an obvious understanding of the Latin thinking process and culture. He is broadly experienced in operations, not only as a case officer but as an actual agent himself, having served four years as a Bureau penetration of the CPUSA. He is operationally imaginative and unquestionably possesses the ingenuity and courage to translate ideas into action. In this respect, however, his efforts must be channeled and selectivity exercised. On the Panama Desk this officer provides the valuable service of operational history and continuity; he served six years in the Station and has been on the desk for three.

Continued

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

9 Jan 1969

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

4

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

9 January 1969

C/WII/2/P

Thomas Doolittle

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Mr. Hidalgo is an experienced and well qualified operations officer, and it is indeed unfortunate that there are medical problems which do not allow him to be assigned overseas. Since Mr. Hidalgo cannot be assigned overseas, I too endorse his desire to be assigned to OTR or to another assignment of his choice.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

9 JAN
1969

C/WII/2

Edwin M. Terrell~~SECRET~~

~~SECRET~~**SECTION C Continued****Hidalgo, Balme N.**

Mr. Hidalgo is a gregarious uncomplicated person, generally pleasant, and generous in his instincts--but not entirely without his quixotic side--and one whose natural Latin emotionality has been intensified by a life of experiences outside the norm, e.g. years as a CP penetration, air crashes, war wounds, etc.

This officer is aware that his intellectual background and medical debilities are obstructions to his advance. Understandably, he has developed outside interests, apparently as compensation. Expectedly, his attitudes at times so reflect.

In sum, Mr. Hidalgo serves a satisfactory function on the Panama Desk and no doubt could continue to perform so indefinitely, but in view of his limitations in a desk-bound situation and the medical restrictions, both of which will continue to inhibit his advance in his present component, this supervisor endorses Mr. Hidalgo's desire to be considered for transfer to another component, namely OTR (specifically covert training), where his attributes would likely come more directly into play. He has the operational experience, competency in a foreign language, an outgoing personality, and experience in lecturing and teaching.* Finally, regardless of the shortcomings reflected in this evaluation, the grading officer finds much to admire in Mr. Hidalgo personally.

*Should a suitable opening in that field be unavailable, it is felt there would be merit also in considering Mr. Hidalgo's other stated interests, i.e., the technical interrogation section of the Office of Security or OO Contacts Division.

~~SECRET~~

SECRET
(When Filled In)

| | | | | | | |
|---|---|---|--------------------------|---|--|---------------------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 027630 | | |
| SECTION A | | | | | | |
| GENERAL | | | | | | |
| 1. NAME HIDALGO, Balmes N., Jr. | 2. DATE OF BIRTH 27 May 1919 | 3. SEX M | 4. GRADE GS-12 | 5. SD D | | |
| 6. OFFICIAL POSITION TITLE Ops Officer | 7. OFF/Div/Br Of Assignment DDP/NH/2 | 8. CURRENT STATION Headquarters | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER-PROVISIONAL (See Instructions - Section C)</small> <small>SPECIAL (Specify)</small> | | | | | | |
| 10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <small>SPECIAL (Specify)</small> | | | | | | |
| 11. DATE REPORT DUE IN O.P. 13 JULY 1967 | | | | | | |
| 12. REPORTING PERIOD (From To) 13 JULY 1966 to 12 JUN 1967 | | | | | | |
| SECTION B | | | | | | |
| PERFORMANCE EVALUATION | | | | | | |
| W - Weak | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C. | | | | | |
| A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. | | | | | |
| P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | | | | | |
| S - Strong | Performance is characterized by exceptional proficiency. | | | | | |
| O - Outstanding | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| SPECIFIC DUTY NO. 1 Responsible for all FI/CI Projects for the Desk | | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 2 Initiates, prepares and coordinates all operational communications to the field on FI/CI matters | | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Prepares project renewals, studies and papers on FI/CI matters | | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Translates Spanish language material for the Branch | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 5 Coordinates FI/CI matters for the Desk with other Hqs components | | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 6 Occasionally handles visiting indigenous assets | | | | | | RATING LETTER S |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| 31 MAR 1967 Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | |
| | | | | | | RATING LETTER S |

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain rating given in Section B. If provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if appropriate.

Comment by Mr. Tsikerdanos, previous supervisor | 51 F1 '67

Mr. Hidalgo is a very capable case officer who is more suited to a field position. He is adept at handling indigenous personnel and has a keen operational mind. He is good at grasping operational leads but is not a capable writer. He has trouble expressing himself on paper. His Spanish language capability is a decided asset to the Branch. A longstanding illness has limited his effectiveness at the Desk. He is cost conscious and has no supervisory responsibilities.

Comments by Present Supervisor:

I concur in the above estimate of Mr. Hidalgo's operational capabilities. During the months (Oct 1966 - March 1967) I have worked with Mr. Hidalgo I have not found his health to be a factor in his performance of his duties.

Ken Knaus

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

10 March 67

Baldemar Hidalgo

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

11

DATE

OFFICIAL TITLE OF SUPERVISOR

9 MAR
1967

TYPED OR PRINTED NAME AND SIGNATURE

Formerly C/WH/2/P
Present C/WH/2/P*Eduardo J. Tsikerdanos*

Ken Knaus

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Mr. Hidalgo's health caused him to be absent from his duties several times during the first part of 1966 but these absences were for a limited period. From my observation, his health has not presented a serious problem to the performance of his duties.

Several times during the absence of Mr. Tsikerdanos in the year 1966 Mr. Hidalgo was the acting desk officer. His performance was most satisfactory, and his supervision of the other desk employees, albeit for a limited period, was fully satisfactory.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

8 MAR
1967

C/WH/2

Edwin M. Terrell

SECRET

~~SECRET~~

Open Fitted Inn

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER C27630 |
|--|--|-------------------------|---|--|---|--|
| SECTION A | | | GENERAL | | | |
| 1. NAME VALDERRAMA, Valmex A., Jr. | | (Last) (First) (Middle) | 2. DATE OF BIRTH 27-10-1919 | | 3. SEX M | 4. GRADE C-12 |
| 5. OFFICIAL POSITION TITLE C.S. OFFICER | | | 6. OFF/DIV/BR OF ASSIGNMENT DDB/ P/C | | 7. CURRENT STATION 101st Quarters | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | | 9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): SPECIAL (Specify): | | | 10. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE |
| 11. DATE REPORT DUE IN O.P. 16-12-1965 | | | 12. REPORTING PERIOD (From to) 16-12-1965 to 31-12-1965 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | |
| SPECIFIC DUTIES | | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | | |
| SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations. RATING LETTER P | | | | | | |
| SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and RATING LETTER S | | | | | | |
| SPECIFIC DUTY NO. 3 Briefing representatives of foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party. RATING LETTER S | | | | | | |
| SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish. RATING LETTER S | | | | | | |
| SPECIFIC DUTY NO. 5 RATING LETTER | | | | | | |
| SPECIFIC DUTY NO. 6 RATING LETTER | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION RATING LETTER S | | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the coding box corresponding to the statement which most accurately reflects his level of performance.</p> | | | | | | |
| 4 JAN 1966 | | | | | | |

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

4 JAN 2005

FORM 45 OBSOLETE PREVIOUS EDITIONS

~~SECRET~~

**RATING
LETTER**

SECRET

| SECTION C | | NARRATIVE COMMENTS | |
|---|--------------------------------------|---|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain rating given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Hidalgo is an able intelligence officer, dedicated to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p> <p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p> <p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p> | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| 1. BY EMPLOYEE | | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | |
| DATE | SIGNATURE OF EMPLOYEE | | |
| 9 December 1965 | <i>Susan L. Darling</i> | | |
| 2. BY SUPERVISOR | | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | | | |
| 8 months | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | |
| 9 December 1965 | C/WH/C/MO/FI-CI | <i>Susan L. Darling</i> | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL | | | |
| <p>I concur with the supervisor's assessment of Mr. Hidalgo with the exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p> | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | |
| 9 December 1965 | C/WH/C/MO | <i>Walter T. Cini</i> | |

SECRET

SECRET

(Form 1200, Edition 1A)

| 1. FILE NUMBER 27630 | | BIOGRAPHIC PROFILE (PART I/SCD: 16 Jul 1946) | | | | | |
|---|---|--|---|--|---------------------------------------|--|---------------------------------|
| 2. NAME (Last, First, Middle) Raimo Kihnes, Jr. | | | 3. SEX | 4. DATE OF BIRTH M May 1919 | 5. LONGEVITY COM. DATE 17 Mar 1958 | | |
| 6. MARITAL STATUS Married | | 7. DEPENDENT(S) <input checked="" type="checkbox"/> Child | 8. YEAR(S) OF BIRTH 3 1927-1945-1950 | 9. NATURALIZATION DATE(S) NA Puerto Rico NA | | | |
| 10. CARRIER STATUS <input checked="" type="checkbox"/> | | 11. MEMBERSHIP <input checked="" type="checkbox"/> | 12. PAST STATUS Pending | 13. LAST D.D. PTY. DUAL POS. Sep 1962 | 14. EVAL. FOR Dpt Only | 15. TO BE RELEASED BY CIA CAT-1 | 16. RELEASED BY CIA CAT-2 |
| 17. CURRENT RESERVE STATUS <input checked="" type="checkbox"/> | | 18. HOME SERVICE <input checked="" type="checkbox"/> | 19. GRADE None | 20. ACTIVE DUTY WITH CIA CAT-1 | 21. RELEASED TO CIA CAT-1 | 22. RELEASED TO CIA CAT-2 | 23. RELEASED TO CIA CAT-3 |
| 24. ASSESSMENT DATE None | | 25. PROFESSIONAL TEST DATE Feb 1958 | | 26. LANGUAGE PROFICIENCY TEST DATE None | | | |
| 27. MILITARY EMPLOYMENT 1940-43 Military Service, US Army, Cpl - Infantry 1943-45 Jersey City, Merchant Marine Dept, Jersey City, NJ - Inspector 1945-47 Francis H. Lovett Co (Food Wholesaler), NYC - Correspondence Clerk 1946-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co(Bank), NYC - Collections Clerk 1951 Dept of Defense, New York QM Procurement Agency, NYC - Inspector | | | | | | | |
| 28. NON-CIA EDUCATION 1945-46 New York University - Foreign Trade, Business Law | | | | | | | |
| 29. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) | | Portuguese - R Intern; W, P, S, U Zero (Oct 1959); T None - May 1958 Spanish - R High; W Intern; P, S, U Native (Nov 1959); Translate, Interpret - May 1958 | | | | | |
| 30. AGENCY SPONSORED TRAINING 1958 Comm Party Org & Ops 1958 CI Famil 1958 Info Rptng, Rpts&Rpts 1958 Operations 1958 Intel Orient 1959 Picks & Locks 1959 Audio Surveil Mgmt | | | | | | | |
| 31. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details) | | | | | | | |
| EFFECTIVE DATE | POSITION TITLE & OCCUPATIONAL CODE | GRADE | SD | ORGANIZATION & ORGAN. TITLE (if any) | LOCATION | | |
| Mar 1958 | Feb 1952 - Mar 1958, Contract Employee for DDP/WI/Project HYPOTHESIS Panama Area Ops Off. | 0136.01 | 11 D | DDP/WI-III/Central America | Hq | | |
| Jun 1959 | Jan - Feb 1959, TDY Mexico and Guatemala Instructor(Ops) | 1711.50 | 11 D | OTR/Ops School/Covert Trng | Hq | | |
| Jun 1960 | Ops Off | 0136.01 | 11 D | DDP/WI-4 | " | | |
| Aug 1961 | " " | 0136.01 | 11 D | DDP/WI-4/FI-CI Sec | " | | |
| Jan 1962 | " " | 0136.01 | 11 D | DDP/WI-Plans & Ops Stf/Sec A | " | | |
| Apr 1963 | " " | 0136.01 | 11 D | DDP/SAS/US Fld/forward Ops Sta | JMWAVE | | |
| 32. DATE REVIEWED 24 Oct 1963 | 33. PROFILE REVIEWED BY OP/POP/01/hmc/rwh | 34. ITEMS 1-10 REVIEWED & VERIFIED BY [Signature] | 35. PROFILE 9 Feb 1960 | | | | |

Form 1200 (PART I) see previous entries

SECRET

PROFILE

60

SECRET
(This form is valid for one year from date of issue)

| | | |
|--|---------------------------------------|---------------------------|
| PERIODICAL NO. 27630 | BIOGRAPHIC PROFILE (PART 2) | |
| NAME (Last-First-Middle) HIDALGO, Balzres Nieves, Jr. | | DATE OF BIRTH May 1919 |
|  | | |
| 24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE | | |
| 25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL | | |
| 26. ADDITIONAL INFORMATION | | |
| 27. DATE REVIEWED 1 JULY 67 | 28. PROFILE REVIEWED BY OP/PCD/QAB | |

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 027630 | |
|---|--|--|--|---|----------|
| SECTION A | | | | GENERAL | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| HIDALGO, BALMES | | 27 May 1919 | | M | GS-11 D |
| 5. OFFICIAL POSITION TITLE Ops. Officer | | 6. OFF/DIV/DR OF ASSIGNMENT | | 7. CURRENT STATION | |
| 7. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify): | | 8. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify): | | 9. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE | |
| 11. DATE REPORT DUE IN O.P. 30 October 1962 | | 12. REPORTING PERIOD (From - To) 17 Jan 62 - 30 Sep 62 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | RATING LETTER P | | | |
| Responsible for initiation and development of WH Division durable assets program. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 2 | | RATING LETTER P | | | |
| Collate and maintain files on espionage laws of LA countries. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 3 | | RATING LETTER P | | | |
| Served as interpreter and translator for Division LA contacts. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 4 | | RATING LETTER P | | | |
| Coordinated with Branch 1 of WHD on FI and CI matters. | | RATING LETTER S | | | |
| SPECIFIC DUTY NO. 5 | | RATING LETTER S | | | |
| Gives lectures as guest instructor to students attending School of International Communism. | | RATING LETTER P | | | |
| SPECIFIC DUTY NO. 6 | | RATING LETTER P | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | RATING LETTER P | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

18 Sept 62

Delmer L. Hidalgo

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

18 September 1962

C/WH/PO/A

Clark W. Simmons

CLARK W. SIMMONS

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I have had insufficient personal contact with Subject to make any meaningful comments.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|-------------------|--------------------------------------|---|
| 13 September 1962 | C/WH/OPS | <i>Vernet L. Greenham</i> VERNET L. GREENHAM |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 027630 | |
|--|---|---|---|--|----------------------------------|------------------------|
| SECTION A | | | GENERAL | | | |
| 1. NAME HIDALGO Ballos N. Jr. | 2. DATE OF BIRTH 27 May 1919 | 3. SEX Male | 4. GRADE GS-11 | | | |
| 5. SERVICE DESIGNATION D | 6. OFFICIAL POSITION TITLE Operations Officer | 7. OFF. DIV. OR OF ASSIGNMENT DDP/WH, Br. 4, D.C. | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | |
| NOT ELIGIBLE PENDING | MEMBER DECLINED | DEFERRED DENIED | INITIAL <input checked="" type="checkbox"/> ANNUAL | REASSIGNMENT/SUPERVISOR REASSIGNMENT/EMPLOYEE | | |
| 10. DATE REPORT DUE IN O.P. 31 October 1961 | | 11. REPORTING PERIOD 6Oct60 - 30Sep61 | | 12. SPECIAL (Specify) | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| 1. Unsatisfactory | 2. Barely adequate | 3. Acceptable | 4. Competent | 5. Excellent | 6. Superior | 7. Outstanding |
| SPECIFIC DUTY NO. 1 Hqs. C.O. for 3 major CI/FI Projects-at one time comprising 301 Agents. Originates operational traffic, Support traffic and maintains records and files. | | RATING NO. 5 | SPECIFIC DUTY NO. 4 Responsible for spotting, interviewing and recruiting of Cuban students in the U. S. for return to Cuba for operational purposes. | | RATING NO. 5 | |
| SPECIFIC DUTY NO. 2 Hqs. C.O. for 8 unilateral independent Agents, including originating operational and Support traffic, and maintaining proper records and files. | | RATING NO. 4 | SPECIFIC DUTY NO. 5 | | RATING NO. | |
| SPECIFIC DUTY NO. 3 Interviewing, briefing and debriefing Spanish only speaking Agents and contacts for all operational Sections of the Branch. | | RATING NO. 6 | SPECIFIC DUTY NO. 6 | | RATING NO. | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance: | | | | | | |
| 1. Performance in many important respects fails to meet requirements. 2. Performance meets most requirements but is deficient in one or more important respects. 3. Performance clearly meets basic requirements. 4. Performance clearly exceeds basic requirements. 5. Performance in every important respect is superior. 6. Performance in every respect is outstanding. | | | | | | RATING NO. 5 |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | | |
| 1. Least possible degree | 2. Limited degree | 3. Normal degree | 4. Above average degree | 5. Outstanding degree | | |
| CHARACTERISTICS | | | | NOT APPLI-CABLE | NOT OBSERVED | RATING |
| GETS THINGS DONE | | | | | | X |
| RESOURCEFUL | | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | X |
| WRITES EFFECTIVELY | | | | | | X |
| SECURITY CONSCIOUS | | | | | | X |
| THINKS CLEARLY | | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | X |
| OTHER (Specify): | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(This Form is Confidential)

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Hidalgo has done a fine job during the reporting period, while assigned to the CI Section of the Branch when it was in its most active period of buildup and operations. The manner in which he accepted any assignment is unusual and he was often working under pressure. During the period, he was on several temporary duty trips in connection with operational activities, which he completed very well.

He has a talent for getting along with and understanding Latin Americans, and with his fluent Spanish language capability, he has performed in a commendable manner. While Mr. Hidalgo has never shunned responsibility, his assignment did entail the delegation of extensive responsibility. It is the feeling of the Rating Officer that he should be given the opportunity for greater responsibility, and training, which will qualify him for a supervisory role. After that, he should be qualified in all respects for promotion to GS-12.

SECTION F**CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2.**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

11

Subject hospitalized.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

20 March 62

D/Chief, WH/4/C1

Robert W. Andrews
Robert W. Andrews**3.****BY REVIEWING OFFICIAL** I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

21 March 1962

C/WH/4/C1

Clark W. Simmons
CLARK W. SIMMONS**SECRET**

SECRET

| | | |
|--|---|-------------------------------|
| NOTIFICATION OF CANCELLATION OF OFFICIAL COVER BACKSTOP | | DATE |
| | | 14 September 1966 |
| TO: (Check) | CHIEF, PERSONNEL OPERATIONS DIVISION | SUBJECT |
| | CHIEF, OPERATING COMPONENT (For Action) | Hidalgo, Bimes N., Jr. |
| | CHIEF, CONTRACT PERSONNEL DIVISION WH | |
| ATTN: Mr. Hannah | | |
| REPI: Form 1322 dated 9 September 1966 | | FILE NO.: 9927 |
| OFFICIAL COVER DISCONTINUED | | ID. CARD NO.: 1140 (Returned) |
| Joint Operations Group | | |

Unblock Records:
x (TOP Memo 20-800-11)

Effective **EOD**

Submit Form 642 To Change Limitation Category.
x (HB 20-800-2 to be redesignated HHB 20-7)

Return All Official Documentation To CCS.



I-PSD:OS
CRET

SECRET

| NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP | | DATE 9 April 1964 |
|--|--|--------------------------|
| TO: <i>(Check)</i> | <input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION | ESTABLISHED FOR |
| | <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT . SAS | HIDALGO, Balmes N., Jr. |
| ATTN: | Mr. Dawson | FILE NO. K-7412 |
| REF: | Request for Cover, 9 April 1964 | 16 CARD NO. |
| MILITARY COVER BACKSTOP ESTABLISHED | | |
| US Army Element, Joint Operations Group | | NA |
| <input type="checkbox"/> BLOCK RECORDS: <small>(FORM NO 20-800-11)</small> | | |
| <input type="checkbox"/> a. TEMPORARILY FOR ____ DAYS, EFFECTIVE _____. | | |
| <input checked="" type="checkbox"/> b <input checked="" type="checkbox"/> CONTINUING, EFFECTIVE <u>EDD</u> . | | |
| <input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. <small>(RB 20-800-2)</small> | | |
| <input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. <small>(RB 20-661-1)</small> | | |
| <input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. <small>(R 240-250)</small> | | |
| <input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. <small>(R 240-250)</small> | | |
| <input type="checkbox"/> REMARKS: | | |
| ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED | | |
| <input type="checkbox"/> COPY TO CPO/OP | | <i>James H. Franklin</i> |
| DD/S11 CHIEF, MILITARY COVER, CCC | | |
| <small>DISTRIBUTION: 1-OSPAVS, 1-PSD/OS, 1-ADDP/COMPT</small> | | |
| <small>SECRET</small> | | |

FORM 7-62 1551 OBSOLETE PREVIOUS EDITIONS.

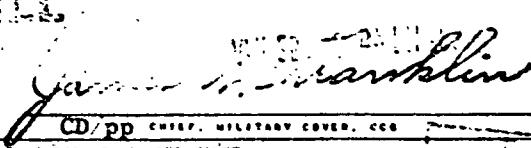
DISTRIBUTION: 1-OSD/MS 1-PSD/QS 1-ADP/CDRPT

Group 4
Zephaniah automatic
\\$207.73, 20.43
Oct. 123

SECRET

FORM 7-62 1551 OBSOLETE PREVIOUS EDITIONS.

SECRET

| | | |
|--|--|---|
| NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP | | DATE |
| TO: <input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION <small>(CMB-2)</small> CHIEF, OPERATING COMPONENT SAS ATTN: Mr. Durham REF: Verbal request for cover MILITARY COVER BACKSTOP ESTABLISHED US Army Element Joint Operations Group | | 23 April 1963 ESTABLISHED FOR |
| <input checked="" type="checkbox"/> BLOCK RECORDS: <small>(OPMEMO 20-800-11)</small> <ul style="list-style-type: none"> a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____. b. CONTINUING, EFFECTIVE _____ EOD _____. | | FILE NO. HIDALGO, Balme N., Jr. ID CARD NO. K-7412 |
| <input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. <small>(BB 20-800-2)</small> | | |
| <input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. <small>(BB 20-661-1)</small> | | |
| <input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. <small>(R 240-230)</small> | | |
| <input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. <small>(R 240-230)</small> | | |
| <input type="checkbox"/> REMARKS: <p style="text-align: center;">THIS NOTIFICATION REMAIN IN THE OFFICE</p> | | |
| <input type="checkbox"/> COPY TO CPD/OP | | |
|  CD/PP CHIEF, MILITARY COVER, CGC | | |
| DISTRIBUTION: 1-OSD OS, 1-PSD US, 1-ADP D/COMPT | | |
| FORM 7-62 1551 OBSOLETE PREVIOUS EDITIONS. | | |
| SECRET | | |

112-20448M

SECRET

| NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP | | DATE |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> TO: (Check) | CHIEF, RECORDS AND SERVICES DIVISION | 9 March 1962 |
| | CHIEF, OPERATING COMPONENT - WH Div | SUBJECT: HIDALGO, BALMES N. JR. |
| ATTN: | WH/SS 1405 Barton Hall | |
| REF: | Your request of 1322 dated undated MILITARY COVER DISCONTINUED | FILE NO. K-7412 |
| US Army Element, Joint Operations Group | | ID CARD NO. 832 |
| <input checked="" type="checkbox"/> UNBLOCK RECORDS: (OP memo 20-800-11) | | |
| EFFECTIVE <u>27 October 1960</u> | | |
| <input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HD 20-800-2) | | |
| <input type="checkbox"/> RETURN ALL MILITARY DOCUMENTATION. | | |
| <input type="checkbox"/> REMARKS: | | |
| THIS ACTION DOES NOT OBTAIN ON LATER USE FILE | | |
| <input type="checkbox"/> COPY TO CPD/OP | | |
| <u>39165</u> | | |
| EDR CHIEF, MILITARY COVER, CCG DISTRIBUTION: 1-SS/DS, 1-PSD/OS, 1-WRD/AMPT | | |

FORM 12-61 1551a

SECRET

(13-20-43)

S E C R E T

7 March 1968

RETRIBUTION TO: Chief, Records and Services Division
Office of Personnel

TO: Personnel Security Division
Office of Security

SUBJECT : Balme N. HIDALGO, Jr., Contract Employee

1. Cover arrangements have been completed for the above named subject.

2. Effective immediately, it is requested that your records be properly (blocked) (XXXXXX) to (deny) (XXXXXXXXXX) subject's current Agency employment by an external inquirer. Subject is to be converted to Staff Employee status within the next few days.

3. This memorandum confirms an oral request of 7 March 1968.

Edward J. Barton
for JOSEPH M. ADAMS
Chief, Official Cover & Liaison, CCB

cc: PSD/CS
EN

THIS IS A SECRET REPORT
100-1234567890

DR

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCT 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT:

| | | |
|-----------------------------|--|------------------------|
| NAME HIDALCO, B. N., JR. | SERIAL ORGN. F-13-SR-STEP 00730 51 250 V 12 5 | NEW SALARY \$16,034 |
|-----------------------------|--|------------------------|

| | | | | |
|---|---------------------|---|--|--|
| 1. LAST NAME HIDALCO, B. N. JR. | FIRST NAME | INITIAL(S) | 2. APPOINTMENT DATA Entered on duty F.T. P.T. | 3. TOTAL SERVICE FOR LEAVE (as of _____ of separation) |
| 4. DATE AND NATURE OF SEPARATION RETIREMENT-DISABILITY-UNDER CIA RET AND DIS SYSTEM EFF 2/28/70 | | Subject to Sec 203(d) 1933 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on _____ Annual Leave Bal _____ | | Years Months Days <input type="checkbox"/> More than 15 years |
| SUMMARY OF ANNUAL AND SICK LEAVE (HOURS) | | | SUMMARY OF HOME LEAVE (DAYS) | |
| 5. Balance from prior leave year ended 1/10 1970 | ANNUAL 46 | SICK 8 | 14. Date arrived abroad for HI purposes _____ 15. Current balance as of _____ 19 _____ 16. 12 month accrual rate _____ 17. Dates leave used, prior 24 months _____ 18. Monthly accrual date _____ 19. Calendar days credit for next accrual date _____ 20. Date basic service period completed _____ | REMARKS SCD 7/16/46 |
| 6. Current leave year accrual through 2/21 1970 | 24 | 12 | | |
| 7. Total | 70 | 20 | | |
| 8. Reduction in credits, if any (current year) | | | | |
| 9. Total leave taken | 4 | 20 | | |
| 10. Balance | 66 | -0- | | |
| 11. Total hours paid in lump sum | 66 hrs | | | |
| 12. Salary rate(s) | \$15,173.00 | | | |
| 13. Lump sum leave dates From 0830 3/02/70 to 3/11/70 1030 (Hours) | | | | |
| 20. Certified - object by <i>B. N. Hidalco</i> (Signature) for Chief Payroll (Title) | 3/13/70 | Date 113-2585 (Telephone) | 21. Dates during current calendar yr _____ to _____ 22. Dates during preceding calendar yr _____ to _____ | |
| | | | 23. During leave year in which separated 24. During step increase working period which began on 12/15/68 25. During 12-month HI accrual period (separ.) | LWOP or AWOL or Furlough Suspension (Hours) |

5-21-70

70-1271

70-1551

Mr. Barnes N. Hidalgo, Jr.
403 Silver Rock Road
Rockville, Maryland 20851

31 MAR 1970

Dear Mr. Hidalgo:

As you bring to a close more than twenty years of service to your country, I want to join your friends and co-workers in wishing you well and hoping that you find the years ahead filled with enjoyment and satisfaction.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I express to you my appreciation and extend my best wishes for the years ahead.

Sincerely,

Richard Helms
 Richard Helms
 Director

Distribution:

0 - Addressee
 1 - DDCI
 1 - ER
 1 - C/EAB/OS
 1 - D/Pers
 1 - OPF
 1 - ROR Soft File *Concur
 1 - FOB Reader

Originator:

Director of Personnel
 C/EAB/OS

OP/RAD/ROB/PJSeidel:jat/3257 (5 March 1970)

P B SFP 1970

Mr. Raines N. Hidalgo, Jr.
403 Silver Rock Road
Rockville, Maryland 20851

Dear Mr. Hidalgo:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - OPF
1 - RAD Subject's File

OP/RAD/EFAB/MLShobe:dag (31 Aug 70)

SECRET

(When Filled In)

DDU:

14 MAY 70

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | |
|--|------------------------------------|------------------------------------|--------------------------|--|----------------------|-------------------------------------|------------------------|------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | |
| 027630 | | HIDALGO, G N R | | MO DA YR | | 6. FINANCIAL ANALYSIS NO CHARGEABLE | | |
| 3. NATURE OF PERSONNEL ACTION RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM | | 7. CSC OR OTHER LEGAL AUTHORITY | | P.L. 88-463 | | 8. CSC OR OTHER LEGAL AUTHORITY | | |
| FUNDING | | V TO V | V TO CF | 0405 0000 0000 | | Sect. 1231 | | |
| CF TO V | | CF TO CF | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/VH BRANCH 2 PANAMA SECTION | | | | 10. LOCATION OF OFFICIAL STATION WASH. D.C. | | | | |
| 11. POSITION TITLE CPS OFFICER | | | | 12. POSITION NUMBER 1310 | | 13. SERVICE DESIGNATION | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | | 15. OCCUPATIONAL SERIES OF38.01 | | 16. GRADE AND STEP 12 5 | | 17. SALARY OR RATE 13173 | | |
| 18. REMARKS | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. MDRNS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEFT |
| 45 | 10 | NUMERIC | ALPHABETIC | | | MO DA YR | MO DA YR | MO DA YR |
| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. Correction / Cancellation Data | | 33. SECURITY REG. NO. | 34. SEN | |
| MO DA YR | CSC 2. CIA 3. NSA 4. None | CODE | -E0000 | TYPE | MO DA YR | | | |
| 35. VET PREFERENCE | 36. SERV COMP. DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI - HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | |
| CODE 0. NONE 1. 5 PT 2. 10 PT | MO DA YR | MO DA YR | CAR BUSY PROV TEMP | CODE | CODE 0. WATER 1. YES | HEALTH INS CODE | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | |
| CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 yrs) 3. BREAK IN SERVICE (MORE THAN 3 yrs) | | FORM EXECUTED 1. YES 2. NO | CODE | NO TAX EXEMPTIONS | | FORM EXECUTED 1. YES 2. NO | CODE NO TAX STATE CODE | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | |
| POSTED 63-05-20 jsc | | | | | | | | |

FORM
5-661150
MAY 10-67Use Previous
Edition

SECRET

BBG

EXEMPT FROM AUTOMATIC
ARCHIVING AND
DESTRUCTION

(When Filled In)

BSW: 4 MAR 70

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|---|-----------------------------|-------------------------|--------------------------------------|-------------------------|
| CSP | | | | |
| 1. SOCIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | | |
| 027630 | MIDALOO D N JR | | | |
| 3. NATIVE & PERSONNEL ACTION | | 4. EFFECTIVE DATE | | |
| RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM | | NO 04 1978 | | |
| 5. FUND | V TO V | V TO CP | 6. CATEGORY OF EMPLOYMENT | |
| X | C TO V | C TO CP | REGULAR | |
| 7. ORGANIZATIONAL DESIGNATIONS | | | 8. FINANCIAL AUTHORITY NO Chargeable | |
| | | | 9. CSC CS CIVILIAN AUTHORITY | |
| | | | P.L. 88-649 | |
| 10. LOCATION OF OFFICIAL STATION | | | SECT. 231 | |
| 11. POSITION TITLE | | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| CSP OFFICER | | | 1310 | D |
| 14. CLASSIFICATION SCHEDULE (GS, ETC.) | | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | | 0136.01 | 12 5 | 13173 |
| 18. REMARKS | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | |

PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF FUNDS PROVIDED IN THE CIV ACT OF 1969, AS AMENDED, AND A DSI DIRECTIVE DATED OCTOBER 1968.

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME | SERIAL NO. | FUND SOURCE | NEW SALARY |
|----------------|------------|-------------|-------------------------|
| HIDALGO B N JR | 027630 | 51 330 V | GS 12 \$13,392 \$15,173 |

| 1. SERIAL NO. | 2. NAME | 3. ORGANIZATION | 4. FUNDS | 5. LWOP HOURS | | | | | |
|-----------------|----------------|-----------------|---------------|----------------|------|----------|----------------|----|-----|
| 027630 | HIDALGO B N JR | 51 330 V | | | | | | | |
| OLD SALARY RATE | | NEW SALARY RATE | | B. TYPE ACTION | | | | | |
| Grade | Step | Salary | Last Eff Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| GS 12 | 4 | \$13,392 | 12/18/68 | GS 12 | 9 | \$13,798 | 12/19/68 | | |

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE Entomell DATE 10 October 68

- NO EXCESS LWOP 0 0
- IN PAY STATUS AT END OF WAITING PERIOD
- LWOP STATUS AT END OF WAITING PERIOD

CLERK'S INITIALS K P O S D G J S

FORM 560 E Use previous
7-68 editions

PAY CHANGE NOTIFICATION

(183)

JP

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212-A-215 OF PL 90-266 AND EXECUTIVE ORDER 11613 PURSUANT TO AUTHORITY OF SEC. 15 AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 14 JULY 1968

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|----------------|--------|--------|-------|---------|------------|------------|
| HIDALGO B N JR | 027630 | SI 350 | V | GS 12 4 | \$12,607 | \$13,392 |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-266 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 8 OCTOBER 1967

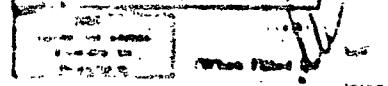
| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|----------------|--------|--------|-------|---------|------------|------------|
| HIDALGO B N JR | 027630 | SI 350 | V | GS 12 4 | \$12,604 | \$12,607 |

C/W R/2

6 30

SECRET
(Not for Public Release)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | |
|--|--|----------------------------------|--|---------------------------------|--|------------------------------|--|---------------------------------|--|-------------------------|--|--------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | | |
| 027630 | | HAROLD B N CR | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | | | 5. CATEGORY OF EMPLOYMENT | | | | | | | |
| DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM | | 1974-04-01 | | | | REG AR | | | | | | | |
| 6. FUNDS | | 7. COST CENTER NO CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | | | |
| X | | (P TO V) | | COST CENTER NO CHARGEABLE | | CSC OR OTHER LEGAL AUTHORITY | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | |
| DOP/WI | | WASH., D. C. | | | | | | | | | | | |
| 11. POSITION/TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (CS, LS, MS) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | |
| 18. REMARKS YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE REGS. 1 AND 2 OF MR 20-L-50. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION. | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | |
| 19. ACTION BY Agency | | 20. OFFICE CODING | | 22. STATION, 23. STATE/PROV. | | 24. Grade | | 25. Date of Birth | | 26. Date of Hiring | | 27. Date of Left | |
| CODE | | CODE | | CODE | | CODE | | MM DD YY | | MM DD YY | | MM DD YY | |
| 28. RIF EXPENSES | | 29. SPECIAL DIFFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA | | 32. CONVERSION/COMBINATION DATA | | 33. SECURITY | | 34. SSN | |
| MM DD YY | | CODE | | CODE | | CODE | | MM DD YY | | MM DD YY | | MM DD YY | |
| 35. VET PREFERENCE | | 36. SEED LOAN DATA | | 37. 1964 COMP DATA | | 38. CREDIT CONTROL | | 39. FINANCIAL INVESTMENTS | | 40. SOCSEC | | 41. SOCSEC | |
| CODE | | MM DD YY | | MM DD YY | | CODE | | MM DD YY | | MM DD YY | | MM DD YY | |
| 42. PREVIOUS GOVERNMENT SERVICE DATA | | 43. LEAVE CASH | | 44. RETIREMENT PAY DATA | | 45. OTHER PAY DATA | | 46. OTHER PAY DATA | | 47. OTHER PAY DATA | | 48. OTHER PAY DATA | |
| CODE | | CODE | | CODE | | CODE | | CODE | | CODE | | CODE | |
| SIGNATURE OF PERSONNEL ACTION | | | | | | | | | | 100-1000-0000-0000-0000 | | | |
| 1000 1100 | | Use Previous Lines | | SECRET | | C | | 1000 1100 | | Use Previous Lines | | SECRET | |



PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962.

EFFECTIVE DATE OF PAY ADJUSTMENT IS JULY 1966

| NAME | SERIAL OR BN. FURNIS GRASSTEE | OLD SALARY | NEW SALARY |
|----------------|-------------------------------|------------|------------|
| MEDALLO H N JR | 027638 | \$1,350 | \$1,685 |

| EMPLOYEE NAME | | Date | Salary Rate | | WAGE PAY | |
|--|----------------|------------------|-----------------|------|-------------|----|
| 027638 | MEDALLO H N JR | | \$1,350 | V | | |
| OLD SALARY RATE | | | NEW SALARY RATE | | TYPE ACTION | |
| 100% | 100% | 100% 12/20/64 | 100% | 100% | 100% | AD |
| 65 12 2 | 30,900 | | 33,355 | | 12/1/66 | |
| NO EXCESS LWOP | | | | | | |
| IN PAY STATUS AT END OF WAITING PERIOD | | | | | | |
| LWOP STATUS AT END OF WAITING PERIOD | | | | | | |
| CLERKS INITIALS: AUDITED BY: | | | | | | |
| I CERTIFY THAT THE WORA OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE | | | | | | |
| SIGNATURE: PAY CHANGE NOTIFICATION | | | | | | |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 10 OCTOBER 1965

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|-----------------|--------|--------|-------|---------|------------|------------|
| MIDALGO R N JR. | 027630 | SI 500 | V | GS 12 2 | \$10,605 | \$10,987 |

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

DOS: 04/27/65

| | | | | | | | | | |
|---|--|------------------------------------|--------|-------------------------------|--|--------------------------------|-------------------------------------|---------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST/FIRST/MIDDLE) | | 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
| 027610 | | HIDALGO, B. N. JR. | | REASSIGNMENT | | 05 31 65 | | | |
| 6. FUNDS | | X | V 10 V | V 10 C | | 7. COST CENTER, NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | |
| | | | 0 10 V | 0 10 C | | 5235 1162 0000 | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION WH C MIAMI OPS BR F1 SEC | | | | | 10. LOCATION OF OFFICIAL STATION WASH., D. C. | | | | |
| 11. POSITION TITLE OPS OFFICER | | | | | 12. POSITION NUMBER 1145 | | 13. CAREER SERVICE DESIGNATION U | | |
| 14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS | | 15. OCCUPATIONAL SERIES 0136.01 | | 16. GRADE AND STEP 12 | | 17. SALARY OR RATE | | | |
| 18. REMARKS | | | | | | | | | |
| POSTED 6-9-65 HT | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |

GFC PAYROLL CHART

Dec 22, 1968

3CF

| 1. Serial No. | 2. Name | 3. Civil Service Number | 4. LWOP Period | | | | | | | |
|---|----------------|-------------------------|----------------|-------|------|----------|----------------|-----|-----|------|
| 027430 | HIGALGO B N JR | 49 997 | 43T | | | | | | | |
| 5. OLD SALARY RATE | | 6. NEW SALARY RATE | | | | | | | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSD | ADJ. |
| GS 12 | 1 | \$10,250 | 12/22/63 | GS 12 | 2 | \$10,605 | 12/20/64 | | | |
| 8. Remarks and Authorization | | | | | | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: <i>[Signature]</i> AUDITED BY <i>[Signature]</i> | | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE-NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | | |
| SIGNATURE <i>[Signature]</i> DATE <i>4-1-68</i> | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

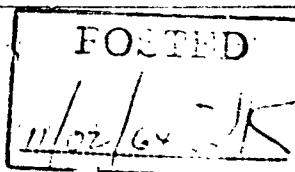
Form 500

October Previous Edition

(4-51)

SECRET
(When Filled In)

MHC: 2 NOV 64

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | |
|---|-----------------------------|----------------------------------|----------|-------------------------------|------------------|--|----------------------------------|--------------------|------------------------|------------------|--|--|
| OCF | | | | | | | | | | | | |
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | | | |
| 027630 | HIDALGO B N JR | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | |
| REASSIGNMENT | | NO. DA. YR. | | REGULAR | | | | | | | | |
| 6. FUNDS | | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | |
| | | CF TO V | CF TO CF | 5235 1162 0000 | | 50 USC 403 J | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | |
| DDP/SAS COUNTERINTELLIGENCE STAFF OPERATIONS SECTION | | WASH., D. C. | | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | | |
| OPS OFFICER | | 0887 | | D | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | |
| GS | | 0136.01 | | 12 1 | | 10250 | | | | | | |
| 18. REMARKS | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. HGTNS. CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LES | | | |
| 37 | 10 | 49150 SAS | | 75013 | | 1 | 05 27 19 | NO DA YR | NO DA YR | | | |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ NO | 34. SEX | | |
| NO DA YR | | | | CODE | | | TYPE | NO DA YR | EOD DATA | | | |
| 35. VET. PREFERENCE | | 36. SERV COMP DATE | | 37. LONG COMP DATE | | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | |
| CODE | | 0 - NONE | 1 - BFT | 2 - TPT | NO DA YR | NO DA YR | CODE | CODE | 0 - WAIVER | HEALTH INS. CODE | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. LEAVE CAT | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | |
| CODE | | CODE | | FORM EXECUTED CODE | | NO TAX EXEMPTIONS | | FORM EXECUTED CODE | NO TAX EXEMPT | STATE LOC | | |
| 0 - NO PREVIOUS SERVICE | | 1 - YES | | 2 - NO | | | | 1 - YES | 2 - NO | | | |
| 1 - NO BREAK IN SERVICE | | | | | | | | | | | | |
| 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) | | | | | | | | | | | | |
| 3 - BREAK IN SERVICE (MORE THAN 3 YRS.) | | | | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | |
| FROM: DEV COMP 2 | | | | | | | | | | | | |
|  FOLDED <i>11/02/64 - JK</i> | | | | | | | | | | | | |
| FORM 11-62 1150 | | Use Previous Edition | | SECRET | | 14. APPROVED FOR RELEASE BY DIRECTOR OF PERSONNEL | | (When Filled In) | | | | |

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1982.

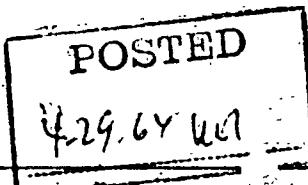
**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE
AND STEP AS INDICATED IN CHART BELOW.**

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

SECRET
(When Filled In)

DTP: 28 APR 64

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | |
|--|-------------------|---------------------------------------|---------------------|---|-----------------------------|----------------------------------|-------------------|---------------------|---------|------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST MIDDLE) | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| 027530 | | HIDALCO, S. N. US | | MO. | DA. | YR. | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 6. FUND SOURCE | | 7. COST CENTER NO. (CHARGEABLE) | | | | | |
| CAREER PROVISIONAL EXCEPTED APPT | | | | 7. FUND SOURCE | 8. FUND SOURCE | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| FUND SOURCE | | V TO V | V TO CP | CP TO V | | CP TO CP | | 4232 1980 1000 | | 50 USC 403 | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DDP/SAS CS/CS DEVELOPMENT COMPLEMENT | | | | WASH., D.C. | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | |
| OPS OFFICER | | | | 2227 | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | |
| CS | | 0130.01 | | 12.1 | | 2280 | | | | | |
| 18. REMARKS OTHER | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGRITY CODE | 24. MOBILISATION CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | | |
| 13 | 18 | 42327 | SAS | 2E013 | 1 | 05 27 13 | 12 22 13 | 12 22 13 | | | |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG NO | 34. SEX | | |
| | | | 1. CSC | CODE | | | | 00000 | M | | |
| | | | 2. FICA | | | | | | | | |
| | | | 3. NONE | | | | | | | | |
| 35. VET PREFERENCE | | 36. SERV COMP DATE | 37. LONS COMP DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | | | |
| CODE | | 0. NONE | MO DA YR | MO DA YR | FEGL CODE | CODE | 0. DRIVERS | HEALTH INS CODE | | | |
| | | 1. 1977 | 07 11 64 | 03 11 75 | FEGL CODE | 1 | 1 YES | | | | |
| | | 2. 1977 | | | FEGL CODE | 1 | 2 YES | | | | |
| | | 3. 1977 | | | FEGL CODE | 1 | 3 YES | | | | |
| | | 4. 1977 | | | FEGL CODE | 1 | 4 YES | | | | |
| | | 5. 1977 | | | FEGL CODE | 1 | 5 YES | | | | |
| | | 6. 1977 | | | FEGL CODE | 1 | 6 YES | | | | |
| | | 7. 1977 | | | FEGL CODE | 1 | 7 YES | | | | |
| | | 8. 1977 | | | FEGL CODE | 1 | 8 YES | | | | |
| | | 9. 1977 | | | FEGL CODE | 1 | 9 YES | | | | |
| | | 10. 1977 | | | FEGL CODE | 1 | 10 YES | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. LEAVE EAT | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | |
| CODE | | CODE | | CODE | | CODE | | | | | |
| 0. NO PREVIOUS SERVICE | | 1. NO PREVIOUS SERVICE | | 2. NO EXECUTIVE CODE | | 3. NO TAX EXEMPTIONS | | | | | |
| 1. NO BREAK IN SERVICE | | 2. NO BREAK IN SERVICE | | 3. NO | | 4. NO | | | | | |
| 2. BREAK IN SERVICE LESS THAN 3 YEARS | | 3. BREAK IN SERVICE LESS THAN 3 YEARS | | 5. NO | | 6. NO | | | | | |
| 3. BREAK IN SERVICE MORE THAN 3 YEARS | | 4. BREAK IN SERVICE MORE THAN 3 YEARS | | 7. NO | | 8. NO | | | | | |
| 1 | | 0 | | 0 | | 0 | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
|  429.6Y WO | | | |  | | | | | | | |
| FORM 11-62 1150 Our Previous Edition | | | | 28 APR 1964 | | | | | | | |
| <small>14-00000</small> <div style="border: 1px solid black; padding: 2px; float: right;"> <small>1. Entered into records 2. File and 3. Cancelled</small> </div> <div style="float: right; margin-right: 20px;"> <small>(When Filled In)</small> </div> | | | | | | | | | | | |

SECRET

(When Filled In)

SIR: 28 APR 64

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | |
|--|-----------------------|----------------------------------|----------------------------|-------------------------------|----------------------------------|---------------------------------|------------------------|-------------------|---------------------------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | 3. NATURE OF PERSONNEL ACTION | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | |
| 027-30 | | Kirkpatrick, B K Jr | | RESIGNATION | | | 04 25 64 | | REGULAR | | |
| 6. FUNDS | | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| | | X | X | 4132 2001 1000 | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | |
| DOP/SAS US FIELD FORWARD OPERATIONS STATION - JMWave CI SECTION | | JMWave | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | |
| OPS OFFICER | | 0731 | | D | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | |
| GS | | 0130.01 | | 12 1 | | 9180 | | | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. Hdrgrs Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | |
| 45 | 10 | NUMERIC | ALPHABETIC | | | MO DA YR | MO DA YR | MO DA YR | | | |
| 05 | 27 10 | | | | | | | | | | |
| 28. ETC EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG NO | 34. SEX | | | |
| 02 04 64 | | 1. CSC 2. FICA 3. NONE | CODE | TYPE | MO DA YR | | | | | | |
| | | | | | | | | | | | |
| 35. RET. PREFERENCE | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | | | 40. SOCIAL SECURITY NO | | | | |
| 0226 0. NONE 1. 3 PT 2. 10 PT | MO DA YR | MO DA YR | SAC RENT CODE POSS TEMP | CODE | 0. WATER | HEALTH INS CODE | | | | | |
| | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | | | 44. STATE TAX DATA | | | | | |
| 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 mos 3. BREAK IN SERVICE (MORE THAN 3 mos) | | | FORM EXECUTED | NO TAX EXEMPTIONS | FORM EXECUTED | CODE | NO TAX EXEMPT | STATE CODE | | | |
| | | | 1. YES | | 1. YES | | 2. NO | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| 429-64 6A | | | | | | | | | | | |

5244 1150
11-62

Use Previous Edition

28 APR 64

SECRET

FEB 1964
FEDERAL PAY REGULATIONS
BUREAU OF THE BUDGET
DIRECTOR OF PAY14-011
(When Filled In)

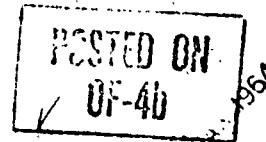
14-00000

525
01

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND OCT
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 3 JANUARY 1964.

| NAME | SERIAL | ORGN FUNDS | GR-ST | OLD SALARY | NEW SALARY |
|------------|--------|------------|------------|------------|------------|
| [REDACTED] | 027630 | 49 730 | CF GS 12 1 | \$ 9,475 | \$ 9,980 |

Alvarez, L. H. Jr.



SECRET
(When Filled In)

20 DEC 63

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|--|--|--------------------------------------|--|-------------------------|----------------------------------|-------------------|-----------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | | | | | | | |
| 027530 | | Hidalgo, R. A. | | | | | | | |
| 3. NOTICE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| PROMOTION | | 12-02-63 | | REGULAR | | | | | |
| 6. FUNDS | | V TO V | V TO CP | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | | CP TO V | IX | H132 2001 1000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DOR SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE C.I. SECTION | | JMWAVE | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | |
| OPS. OFFICER | | 0731 | | D | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0136.01 | | 12 1 | | 9175 | | | |
| 18. REMARKS | | | | | | | | | |
| 36 Dec 63 | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION | 20. Employee Code | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. Grade Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | |
| 22 | 10 | 40730 SAS | 922-10 | ? | 05127119 | 12122163 | 12122163 | | |
| 28. HIRE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION, CANCELLATION DATA TYPE | 33. SECURITY REQ. NO. | 34. SEX | | | |
| NO DA 10 | | 1 CSC 2 FICA 3 NONE | CODE | NO DA 10 | | | | | |
| EOD DATA | | | | | | | | | |
| 35. VET PREFERENCE | 36. SERV COMP DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | | |
| CODE | NO DA 10 | NO DA 10 | CAN GEN CODE | CODE | O. DRIVER YES | HEALTH INS. CODE | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | | |
| CODE | 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 1 MONTH 4. BREAK IN SERVICE MORE THAN 1 MONTH | FORMER EXECUTED CODE 1. 100 2. 100 | NO TAX EXEMPTIONS 1. YES 2. NO | FORMER EXECUTED 1. YES 2. NO | CODE | NO TAX EXEMPT 1. YES 2. NO | STATE CODE | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| 12/27/63/K | | | | | | | | | |

SECRET
(When Filled In)

LLG: 25 APRIL 63

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|-----------------------------|-------------------------|--|------------------------------------|----------------------------------|------------------------------------|-----------------------------|--|--|--|-----------------|-----------------|-------------------|------------------|------------------|-----------------|-------------------|-------------------|-----------------|----|----|-------|-----|-------|---|----------|----------|----------|-----------------|--|-----------------------|---------------------|--------------------------|----------------------------------|---------------------|---------|--|----------|--|-----|------|------|----------|-------|---|----------|---------------------|--|--------------------|---------------------|---------------------|-----------------------------|------------------------|--|--|--|--|----------|----------|-----------------------|-----------------------|-------------------------------|------------------|--|--|--------------------------------------|--|--|--|--------------------|----------------------|--------------------|--|--|--|--|--|--|---|------------------------------------|-----------------------------|------------------------------------|-----------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123-16-30 | | H. J. Hargrove | | EXCEPTED APPOINTMENT CAREER PROVISIONAL | | 1963-04-28 | | REGULAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. FUNDS | | V TO V | V TO C | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR JINR & LEGAL AUTHORITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | CP 10 V | X | 3132 2001 1000 | | 50 USC 403 J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-UWAVE CI SECTION | | | | | | UWAVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPS OFFICER | | | | | | 07324 | | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS, etc.) | | | 15. OCCUPATIONAL SERIES | | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GS | | | 0136.01 | | | 11 4 | | 8840 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td>19. ACTION CODE</td> <td>20. EMPLOY CODE</td> <td>21. OFFICE CODING</td> <td>22. STATION CODE</td> <td>23. INTEGEE CODE</td> <td>24. HEIGHT CODE</td> <td>25. DATE OF BIRTH</td> <td>26. DATE OF GRADE</td> <td>27. DATE OF LEI</td> </tr> <tr> <td>13</td> <td>10</td> <td>61730</td> <td>SAS</td> <td>99999</td> <td>2</td> <td>05 27 19</td> <td>03 17 58</td> <td>09 16 62</td> </tr> <tr> <td colspan="2">28. NTE EXPIRES</td> <td>29. SPECIAL REFERENCE</td> <td>30. RETIREMENT DATA</td> <td>31. SEPARATION DATA CODE</td> <td>32. CORRECTION/CANCELLATION DATA</td> <td>33. SECURITY REG NO</td> <td>34. SEX</td> <td></td> </tr> <tr> <td colspan="2">MO DA YR</td> <td>LSC</td> <td>CODE</td> <td>TYPE</td> <td>MO DA YR</td> <td>27630</td> <td>M</td> <td>EOD DATA</td> </tr> <tr> <td colspan="2">35. VET. PREFERENCE</td> <td>36. SERV COMP DATE</td> <td>37. LONG. COMP DATE</td> <td>38. CAREER CATEGORY</td> <td>39. FEGL / HEALTH INSURANCE</td> <td colspan="3">40. SOCIAL SECURITY NO</td> </tr> <tr> <td colspan="2">CODE 0 - NONE 1 - RPT 2 - 10 PT</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>CAN TEMP PROV TEMP</td> <td>CODE P 1 YES</td> <td>CODE 0 - WAIVER 1 - YES</td> <td colspan="3">HEALTH INS CO. E</td> </tr> <tr> <td colspan="4">41. PREVIOUS GOVERNMENT SERVICE DATA</td> <td>42. LEAVE CAT CODE</td> <td>43. FEDERAL TAX DATA</td> <td colspan="3">44. STATE TAX DATA</td> </tr> <tr> <td colspan="4"></td> <td>8</td> <td>FORM EXECUTED 1 - YES 2 - NO</td> <td>NO TAX EXEMPTIONS 0 0</td> <td>FORM EXECUTED 1 - YES 2 - NO</td> <td>NO TAX EXEMPT STATE CODE</td> </tr> <tr> <td colspan="12" style="text-align: center;">SIGNATURE OR OTHER AUTHENTICATION</td> </tr> <tr> <td colspan="12" style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED <i>15/04/63 JK</i></div> </td> </tr> </table> | | | | | | | | | | | | 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. HEIGHT CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | 13 | 10 | 61730 | SAS | 99999 | 2 | 05 27 19 | 03 17 58 | 09 16 62 | 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REG NO | 34. SEX | | MO DA YR | | LSC | CODE | TYPE | MO DA YR | 27630 | M | EOD DATA | 35. VET. PREFERENCE | | 36. SERV COMP DATE | 37. LONG. COMP DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | CODE 0 - NONE 1 - RPT 2 - 10 PT | | MO DA YR | MO DA YR | CAN TEMP PROV TEMP | CODE P 1 YES | CODE 0 - WAIVER 1 - YES | HEALTH INS CO. E | | | 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | | | 8 | FORM EXECUTED 1 - YES 2 - NO | NO TAX EXEMPTIONS 0 0 | FORM EXECUTED 1 - YES 2 - NO | NO TAX EXEMPT STATE CODE | SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | <div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED <i>15/04/63 JK</i></div> | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. HEIGHT CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 10 | 61730 | SAS | 99999 | 2 | 05 27 19 | 03 17 58 | 09 16 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REG NO | 34. SEX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO DA YR | | LSC | CODE | TYPE | MO DA YR | 27630 | M | EOD DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. VET. PREFERENCE | | 36. SERV COMP DATE | 37. LONG. COMP DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE 0 - NONE 1 - RPT 2 - 10 PT | | MO DA YR | MO DA YR | CAN TEMP PROV TEMP | CODE P 1 YES | CODE 0 - WAIVER 1 - YES | HEALTH INS CO. E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 8 | FORM EXECUTED 1 - YES 2 - NO | NO TAX EXEMPTIONS 0 0 | FORM EXECUTED 1 - YES 2 - NO | NO TAX EXEMPT STATE CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED <i>15/04/63 JK</i></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FORM 1150
11-62Use Previous
Edition

SECRET 25 APR 1963

14-511
FEBRUARY 1962 EDITION
GSA GEN. REG. NO. 27
GSA GEN. REG. NO. 27

(When Filled In)

SECRET
(When Filled In)

RZR: 25 APR 63

OEF

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|---|-----------------------------|---------------------------------|-------------------------------|--------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST MIDDLE) | | | |
| 027630 | HIDALCO D N JR | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT | |
| RESIGNATION | | CH 27 63 | REGULAR | |
| 6. FUNDS | V TO W | V TO CP | 7. COST CENTER NO. CHARGEABLE | |
| | X | | 3232 1000 1000 | |
| 8. ORGANIZATIONAL DESIGNATIONS | | 9. LOCATION OF OFFICIAL STATION | | |
| DDP/SPECIAL AFFAIRS STAFF FI/CI BRANCH | | WASH., D.C. | | |
| 10. POSITION TITLE | | 11. POSITION NUMBER | 12. SERVICE DESIGNATION | |
| OPS OFFICER | | 0592 | D | |
| 14. CLASSIFICATION SCHEDULE (SS, LS, WH) | | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| GS | | 0135.01 | 11-4 | 8940 |
| 18. REMARKS | | | | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|-------------------|-----------------------|----------------------|--------------------------|---------------------------------------|------------------------|---------------------|-----------------|
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATUS CODE | 23. INTEGEE CODE | 24. ADAPT. CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 45 | 10 | NUMERIC | ALPHABETIC | | | MO DA YR | MO DA YR | MO DA YR |
| 28. HIRE EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE | 33. EOD DATA | 34. SECURITY REQ NO | 35. SEX |
| | | | | | | | | |
| 36. VET PREFERENCE | | 37. SERV. COMP. DATE | 38. LONG COMP. DATE | 39. CAREER CATEGORY | 40. FEGL / HEALTH INSURANCE | 41. SOCIAL SECURITY NO | | |
| CODE | | MO DA YR | MO DA YR | CAR. REV. CODE | CGCS | O. WAITER | HEALTH INS. CODE | |
| 42. PREVIOUS GOVERNMENT SERVICE DATA | | 43. LEAVE CAT CODE | 44. FEDERAL TAX DATA | 45. STATE TAX DATA | | | | |
| CODE | | FORM EXECUTED | CODE | NO TAX EXEMPTIONS | FORM EXECUTED | CGCS | TAX STATE CODE | EXEMP. |
| 0 - NO PREVIOUS SERVICE 1 - 100 DAYS SERVICE 2 - OVER 100 DAYS BUT LESS THAN 3 YEARS 3 - OVER 3 YEARS | | 1 - YES 2 - NO | | | 1 - YES 2 - NO | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

10/1/321K

SECRET
(When Filled In)

ABM: 20 NOV 62

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 2. NAME (LAST-FIRST-MIDDLE)

027630 HICALGO B N JR

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. FUNDS



X TO V

V TO C

C TO V

C TO C

5. ORGANIZATIONAL DESIGNATIONS

DDP TASK FORCE "W"
FI-C1 BRANCH

11. POSITION TITLE

OPS OFFICER

14. CLASSIFICATION SCHEDULE (ES, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

6. EFFECTIVE DATE

MO DA YR
11 20 62

7. CATEGORY OF EMPLOYMENT

REGULAR

8. COST CENTER NO. (CHARGEABLE)

3232 1000 1000 50 USC 403 J

9. CSC OR OTHER LEGAL AUTHORITY

10. LOCATION OF OFFICIAL STATION

WASH., D. C.

12. POSITION NUMBER

0682

13. CAREER SERVICE DESIGNATION

D

16. GRADE AND STEP

11 4

17. SALARY OR RATE

8840

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--------------------------------------|--|---------------------------|--------------------------|----------------------------------|------------------------|-----------------------|---------------------|-----------------|
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGRITY CODE | 24. RATING CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 37 | 10 | 61300 | TFW | 75013 | 1 | 05 27 19 | MO DA YR | MO DA YR |
| 28. HIRE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | | 33. SECURITY REG NO | 34. SEX |
| MO DA YR | | 1 CSC 2 FICA 3 NONE | CSC | TYPE | MO DA YR | EOD DATA | REG NO | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LGEN. COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | |
| CODE | 0 - NONE 1 - DPT 2 - TOT | MO DA YR | MO DA YR | 0 - WORKER 1 - FEE | CODE | 0 - WORKER 1 - FEE | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| CODE | 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs) | CODE | EXEMPT/EXCLUDED CODE | 45. TAX EXEMPTIONS | FORM EXECUTED | CODE | NO TAX | STATE CODE |
| | | | 1 - YES 2 - NO | | 1 - YES 2 - NO | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

12/14/2022

FORM 462 7150

Use Previous Edition

SECRET

GSA
GENERAL SERVICES
ADMINISTRATION
BUREAU OF PERSONNEL

(4-61)

(When Filled In)

14-00000
IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.
EFFECTIVE 16 OCTOBER 1962

| NAME | SERIAL ORDN | OLD FUND'S GRST SALARY | NEW FUND'S GRST SALARY |
|----------------|-------------|------------------------|------------------------|
| HIDALGO B N JR | 027630 | 64075 V 11 4 \$ 8340 | 11 4 \$ 8840 |

235-1000

| 1 Serial No | 2 Name | 3 Cost Center Number | 4 LWOP Hours | | | | | | | |
|---|----------------|----------------------|---------------|-------------------|------|----------|----------------|---------------|-----|-----|
| 027630 | HIDALGO B N JR | 64 075 V / | | | | | | | | |
| 5 OLD SALARY RATE | | | | 6 NEW SALARY RATE | | | | 7 TYPE ACTION | | |
| Grade | Step | Salary | Last Eff Date | Grade | Step | Salary | Effective Date | MU | ISI | ADJ |
| RS 11 3 | \$ 8,080 | 03/19/61 | | S 11 4 | 3 | \$ 8,340 | 09/16/62 | | | |
| 8 Remarks and Authorizations | | | | | | | | | | |
| <p>/ / NO EXCESS LWOP / / EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS <i>JMC</i> AUDITED BY <i>[Signature]</i></p> | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

SECRET

(When Filled In)

AES: 17 JAN 62

NOTIFICATION OF PERSONNEL ACTION

OCF

| | | | | | | | | | |
|--|--|----------------------------------|--------------------------|--------------------------------|----------------------------------|---------------------------------|----------------------|---------------------------|-------------------|
| 1. SERIAL NUMBER. | | 2. NAME (LAST-FIRST-MIDDLE) | | 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
| 027630 | | HIDALGO B N JR | | | | 01 17 62 | | REGULAR | |
| 6. FUNDS | | X V TO V | V TO CF | 7. COST CENTER NO CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | | CF TO V | CF TO CF | 2235 1000 1000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DDP WH PLANS & OPERATIONS STAFF SECTION A | | WASH., D.C. | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | | | | |
| OPS OFFICER | | 0641 | | D | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, GS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0136.01 | | 11 3 | | 8080 | | | |
| 18. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING | | 22. STATION CODE | 23. INTECIRE CODE | 24. Month | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 37 | 10 | 64075 WH | | 75013 | 1 | 05 | 27 19 | | |
| 28. ETC EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG. NO | 34. SER | |
| NO DA 10 | | 1 CAF 2 FICA 3 NONE | | CODE | TYPE | NO CA 10 | EOD DATA | | |
| 35. VET PREFERENCE | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. MIL. SERV CREDIT/LCD | 39. FEDERAL HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | | |
| CODE | 0 - NONE 1 - 10 PT 2 - 20 PT | NO 06 YR | NO 06 YR | 0 - MAJOR 1 - YES | CODE | 0 - MAJOR 1 - YES | CODE | 0 - MAJOR 1 - YES | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | | |
| CODE | 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE 12 MOS | CODE | NO - BREAK 12 MOS | 4 - TAX EXEMPTIONS | 1 - YES 2 - NO | 5 - TAX EXEMPTIONS | 1 - YES 2 - NO | 6 - TAX EXEMPTIONS | 1 - YES 2 - NO |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| 1/18/62 Jm | | | | | | | | | |

SECRET

(This Form is to be Filled In)

ARE: 18 AUG 1961

OCF

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|--|--|------------------------------------|---------|--|-------------------------------------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
| 027630 | | HIDALGO B N JR | | MO DD YY | 08 20 61 | REGULAR | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | | | | 6. COST CENTER NO CHARGEABLE 7. CSC OR OTHER LEGAL AUTHORITY | | | |
| 8. FUNDS → <input checked="" type="checkbox"/> X | | V TO V | V TO CP | 2635 5000 8021 | | 8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS DOP WH BRANCH 4 FI CI SECTION | | | | 10. LOCATION OF OFFICIAL STATION WASH., D. C. | | | |
| 11. POSITION TITLE OPS OFFICER | | | | 12. POSITION NUMBER 0681 | 13. CAREER SERVICE DESIGNATION D | | |
| 14. CLASSIFICATION LEVEL GS | | 15. GRADE AND STEP 0136.01 11 3 | | 16. SALARY OR RATE 8060 | | | |
| 17. REMARKS | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 18. ACTION | | 19. OFFICE CODING | | 20. STATION | | 21. INTECREE | |
| CODE 16 10 | | CODE 64450 WH | | CODE 75013 | | CODE 1 05 27 19 | |
| 22. DATE OF BIRTH | | 23. DATE OF DEATH | | 24. MONTH | | 25. DATE OF HIRED | |
| MO DD YY | | MO DD YY | | MO DD YY | | MO DD YY | |
| 26. DATE OF LEAVE | | 27. DATE OF RELE | | 28. DATE OF END | | 29. DATE OF END | |
| MO DD YY | | MO DD YY | | MO DD YY | | MO DD YY | |
| 30. RETIREMENT DATA REFERENCE 1. LSC 2. PICA 3. NONE | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA TYPE | | 33. SECURITY REQ. NO. | |
| MO DD YY | | CODE | | MO DD YY | | 34. SEA REQ. NO. | |
| 35. VET PREFERENCE CODE 1. VETERAN 2. DEPT 3. VET | | 36. SERV. COMP. DATE MO DD YY | | 37. LONG COMP. DATE MO DD YY | | 38. MIL. SERV. CREDITED CODE 1. YES 2. NO | |
| 39. MEDICAL/HEALTH INSURANCE CODE 1. VETERAN 2. DEPT 3. VET | | 40. SOCIAL SECURITY NO. | | 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1. NO PREVIOUS SERVICE 2. NO SERVICE IN SERVICE 3. SERVICE IN SERVICE (LESS THAN 18 MOS.) 4. SERVICE IN SERVICE (MORE THAN 18 MOS.) | | 42. LEAVE CAT CODE | |
| | | | | 43. FEDERAL TAX DATA CODE 1. YES 2. NO | | 44. STATE TAX DATA CODE 1. YES 2. NO | |
| SIGNATURE OR OTHER AUTHENTICATION <i>[Signature]</i> | | | | | | | |

SECRET
(When Filled In)

| 1. Serial No. | 2. Name | 3. Cost Center Number | 4. LWOP Hours | | | | | | | | |
|---|----------------|-----------------------|----------------|----------------|------|--------|----------------|----------|-----|-----|--|
| 577890 | HIDALCO R N JR | DDP/WH 3A UV | | | | | | | | | |
| 5. OLD SALARY RATE | | 6. NEW SALARY RATE | | 7. TYPE ACTION | | | | | | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSD | ADZ | |
| 25 | 11 | 2 | 7,820 | 09/20/59 | 11 | 3 | \$ 8,030 | 03/19/61 | | | |
| 8. Remarks and Authentication | | | | | | | | | | | |
| <p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p>EO EO EO EO EO EO 21K</p> | | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | | |

Form 740 S60

Obsolete Previous Edition

SECRET

6-60

L-1

4-59

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

ADPR 09/21/69

1. NAME NUMBER 2. NAME/BASIC PAYROLL NUMBER

027630

MICALUGO R N JR

3. NATURE OF PERSONNEL ACTION

CONV. TO CAREER EMPLOYEE STATUS

4. FUNDS



X

Y 10 V

Z

Y 10 D

A

Y 10 U

B

Y 10 C

C

Y 10 B

D

Y 10 A

E

Y 10 G

F

Y 10 F

G

Y 10 E

H

Y 10 D

I

Y 10 C

J

Y 10 B

K

Y 10 A

L

Y 10 G

M

N

O

P

Q

4. EFFECTIVE DATE

DD MM YY

03 17 61

5. CATEGORY OF EMPLOYMENT

6. COST CENTER NO CHARGEABLE

4232 1990 1000

7. BY WHOM OR OTHER LEGAL AUTHORITY

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

12. POSITION NUMBER

13. CAREER GRADE DESIGNATION

U

14. CLASSIFICATION NUMBER (S) (P) (M)

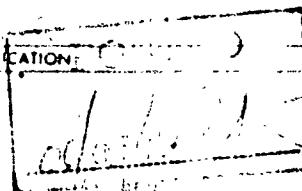
15. OCCUPATIONAL SERIES

16. GRADE AND STEP

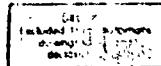
17. SALARY OR RATE

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

Form 11502
Rev. 10-64
Use Previous
Edition

SECRET



(When filled in)

(652)

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-368 AND DCI MEMO DATED
1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1966.

| SD | NAME | SERIAL | ORGN | GR-ST | OLD SALARY | NEW SALARY |
|----|----------------|--------|-------|---------|------------|------------|
| O | HIDALGO B N JR | 527630 | 46 17 | GS-11 2 | \$ 7,270 | \$ 7,820 |

7/57 EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

AES: 24 JUNE 1960 NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|------------------|-----------------------------|---------------------------------|---------------------|-----------|-------------|----------------|---------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Mar. Stat. | 5. Sex | 6. CS - FOB | | |
| 527630 | HIDALGO B N JR | Mo. 05 Day 24 Year 1952 | Spouse | M 1 | 83 97 58 | | |
| 7. CSC Detm. | | 8. CSC Or Other Legal Authority | 10. Aprt. Affidav. | 11. FEGLI | 12. LVD | 13. Cred. Acc. | |
| Mo. 07 | Da. 16 | Yr. 46 | Yes - 1 Code No - 2 | Mo. 03 | Da. 17 | Yr. 56 | Yes - 1 Code No - 2 |
| 9. 50 USCA 403 d | | | | | | | |

PREVIOUS ASSIGNMENT

| | | | | |
|--|--|--|---|------------------------------|
| 14. Organizational Designations DDS OTR OPERATIONS SCHOOL COVERT TRAINING | Code 1172 | 15. Location Of Official Station WASH., D. C. | Station Code 75013 | |
| 16. Dept Field Dept - 1 USAFID - 3 From - 3 | 17. Position Title INSTRUCTOR OPERS | 18. Person No. 1014 | 19. Serv 63 | 20. Occup. Serios 1711.50 |
| 21. Grade & Step 117 | 22. Salary Or Rate \$ 7270 | 24. Date Of Grade: 95 P51 Date Mo. Da. Yr. Mo. Da. Yr. 03 17 56 02 20 59 | 25. Assignment Number 9 78500 30 018 | |

ACTION

| | | | | | |
|----------------------|------|------------------------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date Mo. Da. Yr. | 29. Type Of Employee | Code | 30. Separation Date |
| REASSIGNMENT | 57 | 09 29 60 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|-----------------------------------|-----------------------------------|-------------|-----------------------------------|------------------------|--|
| 31. Organizational Designations | | Code | 32. Location Of Official Station | | Station Code |
| DDP WH BRANCH 4 | | 4617 | WASH. D.C. | | 75013 |
| 33. Date Field 1951-3 FEB-5 | 34. Position Title OPR OFFICER | | 35. Position No. 0626 | 36. Ser. No. 05 | 37. Occup. Series 0136.01 |
| 38. Grade A Step 112 | 39. Salary Or Rate 7270 | 40. SD D | 41. Payroll Grade Mo. 03 1A 5E | 42. PSI Mo. 03 19 F | 43. Appropriation Number 0135 10CC 10NC |

સા. સુરા વિદ્ય

FCRV 40 1150a
1 MAY 27

~~SECRET~~

SECRET
WHEN FILLED IN

| | | | | | | | | | |
|---|----------------|-------------|---------------------|---|------|----------|----------------|-------------|----|
| 1. EMP. SERIAL NO. | 2. NAME | | | 3. ASSIGNED GRADE | | 4. FEDS | | 5. ALLOCENT | |
| 527630 | MIDALGO B H JK | | | DOS/TRNG 21 | | UV | | | |
| 6. OLD SALARY RATE | | | | 7. NEW SALARY RATE | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | GRADE | STEP | SALARY | EFFECTIVE DATE | | |
| GS 11 | 1 | \$ 7,034 U3 | 17 56 | GS 11 | 2 | \$ 7,270 | 09 | 20 | 59 |
| TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER | | | | | | | | | |
| 8. CHECK ONE <input checked="" type="checkbox"/> NO PAY STATUS DOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP CHECK FOLLOWING <input type="checkbox"/> IN PAY STATUS AT END OF PAYING PERIOD <input type="checkbox"/> IN PAY STATUS AT END OF PAYING PERIOD | | | | 9. NUMBER OF HOURS LWOP 10. INITIALS OF CLERK <i>U 756</i> SIGNED BY <i>PLC 9/2/79</i> <i>V/V</i> | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | |
| 11. PROJECTED SALARY RATE AND EFFECTIVE DATE | | | | 12. REMARKS | | | | | |
| GRADE | STEP | SALARY | EFFECTIVE DATE | | | | | | |
| | | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | |
| PERIODIC STEP INCREASE - AUTHENTICATION | | | | | | | | | |

FEB 1979 5600

SECRET

PERSONNEL FOLDER

SECRET

JEC:12 JUNE 59

NOTIFICATION OF PERSONNEL ACTION

| | | | | | |
|----------------------|-----------------------------|----------------------------------|-----------------------------|---------------------|----------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Prof | 5. Soc. Sec. No. | 6. CSC-ESF |
| 527630 | HIDALGO B N JR | Mo. 05 Da. 27 Yr. 19 | No-0 Code 5 Pt-1 10 Pt-2 | M 1 03 17 50 | Mo. 16 Da. 17 Yr. 57 |
| 7. SCD | 8. CSC Recd: | 9. CSC Or. Other Legal Authority | 10. Appn. Altitude | 11. FEGLI | 12. LCD |
| Mo. 07 Da. 16 Yr. 46 | Yes - 1 Code No - 2 | 150 USCA 403(d) | Mo. 16 Da. 17 Yr. 57 | Yes - 1 Code No - 2 | Yes - 1 Code No - 2 |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|--------------------|----------------------|----------------------------------|-----------------------------|---------------------|
| 14. Organizational Designations | | Code | 15. Location Of Official Station | Station Code | |
| DDP WH BRANCH 121 CENTRAL AMERICA SECTION | | 4613 | WASH., D.C. | 75013 | |
| 16. Dept. Field | 17. Position Title | | 18. Position No. | 19. Serv. 20. Occup. Series | |
| Doce - 1 USAd - 3 For - 5 | Code 2 AREA OPS OF | | 0486 | GS 0136.01 | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Dpo | |
| 11 1 | \$ 7030 | D | Mo. 03 Da. 17 Yr. 50 | Mo. 09 Da. 20 Yr. 51 | |
| | | | | 8 3500 20 | |
| ACTION | | | | | |
| 26. Nature Of Action | Code | 27. Ent. Date | 28. Type Of Employee | Code | 29. Separation Date |
| REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS | 05 | Mo. 06 Da. 14 Yr. 50 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|---|-------------------------|--------|----------------------------------|-----------------------------|--|
| 31. Organizational Designations | | Code | 32. Location Of Official Station | Station Code | |
| DDS OTR OPERATIONS SCHOOL COVERT TRAINING | | 1172 | WASH., D.C. | 75013 | |
| 33. Dept. Field | 34. Position Title | | 35. Position No. | 36. Serv. 37. Occup. Series | |
| Doce - 1 USAd - 3 For - 5 | Code 3 INSTRUCTOR SPERS | | 1914 | IS 1711.50 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Dpo | |
| 11 1 | \$ 7030 | D | Mo. 03 Da. 17 Yr. 50 | Mo. 07 Da. 15 Yr. 51 | |
| | | | | 9 7500 20 018 | |
| 44. Remarks | | | | | |

POSTED

Cp

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 452 AND DCI

DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|----------------|--------|------------|------------|------------|
| HIDALGO R N JR | 127630 | GS-11-1 | \$ 4,700 | \$ 7,030 |

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

S E C R E T

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

VL 16 MAY 58

| | | | | | |
|---------------|-----------------------------|---------------------------------|-----------------------|--------------|-------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Prof. | 5. Sex | 6. CS. EOD |
| 127630 | BALMES N. HIDALGO, JR. | Mo. Da. Yr. | None-U Code 5 Pt-1 | Ma. Da. Yr. | |
| | HIDALGO B N JR | 05 27 19 | 10 Pt-2 11 | M 1 | 03 17 58 |
| 7. SCD | 8. CSC Retire | 9. CSC Or Other Legal Authority | 10. Apart. Affidav. | 11. FEGLI | 12. LCD |
| Mo. Da. Yr. | Yes - 1 Code | No - 2 | Mo. Da. Yr. | Yes - 1 Code | No - 2 |
| 07 16 46 | 1 50 USCA 303.3 | | 103 13 58 | 1 103 17 58 | 1 103 17 58 |

PREVIOUS ASSIGNMENT

| | | | |
|--|--------------------|----------------------------------|--|
| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
| | | | |
| 16. Dept. - Field | 17. Position Title | 18. Position No. | 19. Serv. & 20. Occup. Series |
| Dept - 8 Code USMld - 4 Frgn - 6 | | | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade 25. PSI Due 26. Appropriation Number |
| | \$ | | Mo. Da. Yr. Mo. Da. Yr. |

ACTION

| | | | | | |
|-------------------------------------|------|---------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| EXCEPTED APPOINTMENT CORRECTION* | 12 | CR 171 58 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|---|--------------------|----------------------------------|--|--|--|
| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code | | |
| COP WH BRANCH 111 CENTRAL AMERICA SECTION | 4613 | WASH., D.C. | 75013 | | |
| 33. Dept. - Field | 34. Position Title | 35. Position No. | 36. Serv. & 37. Occup. Series | | |
| Dept - 8 Code USMld - 4 Frgn - 6 | 2 AREA OPS OF | 0436 | GS 0136.01 | | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade 42. PSI Due 43. Appropriation Number | | |
| 11 1 | \$ 6300 | 6 | Mo. Da. Yr. Mo. Da. Yr. | | |
| 11 17 58 103 22 59 | | | | | |

44. Remarks

*THIS ACTION CORRECTS SF 1150 EFF 17 MAR 58, ITEM #2, THE NAME, WHICH READS BALMES N. HIDALGO TO READ BALMES N. HIDALGO, JR.

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

LVL 17 MAR 58

| | | | | | |
|-------------------------|---------------------------------------|----------------------------------|------------------------------------|-------------------|-----------------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet. Prof | 5. Sex | 6. CS - EOD |
| 127630 | BALMES N. HIDALGO HIDALGO BALMES N | Mo. Da. Yr. 05 27 19 | None-O Code 5 Pt-1 10 Pt-2 1 | M 1 | Mo. Da. Yr. 03 17 58 |
| 7. SCD | 8. CSC Rec'd. | 19. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD |
| Mo. Da. Yr. 07 16 46 | Yes - 1 No - 2 | Code 1 50 USCA 403 J | Mo. Da. Yr. 03 13 55 | Yes - 1 No - 2 | Code 1 03 17 53 2 No - 2 12 |

PREVIOUS ASSIGNMENT

| | | | | | |
|--|--------------------|----------------------------------|-------------------------|---------------------------|--------------------------|
| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code | | |
| Dept - 8 U.S. AIR FORCE Branch - 4 Frgn - 3 | | | | | |
| 16. Doct - Field | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series | |
| Code | | | | | |
| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
| | \$ | | Mo. Da. Yr. 03 11 58 | Mo. Da. Yr. 03 120 153 | 08 3500 20 |

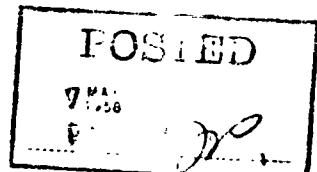
ACTION

| | | | | | |
|----------------------|------|---------------------------|----------------------|------|---------------------|
| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
| EXCEPTED APPOINTMENT | 13 | Mo. Da. Yr. 03 117 158 | REGULAR | 01 | |

PRESENT ASSIGNMENT

| | | | | | |
|--|--------------------|----------------------------------|---------------------------|---------------------------|--------------------------|
| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code | | |
| DDP WH BRANCH 111 CENTRAL AMERICA SECTION | 4613 | WASH., D.C. | 75013 | | |
| 33. Doct - Field | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series | |
| Dept - 8 U.S. AIR FORCE Branch - 4 Frgn - 6 | AREA OPS OF | 0486 | US | 0136.01 | |
| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
| 11 1 | \$ 6700 | 0 | Mo. Da. Yr. 03 117 158 | Mo. Da. Yr. 03 120 153 | 08 3500 20 |

44. Remarks



14-00000

FITNESS RPTS
1966 - 1969

SECRET

(This Form Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 027630 | |
|---|--|--|--|--|--------------------|
| SECTION A | | GENERAL | | | |
| 1. NAME (Last) (First) (Middle) HEDGES, PATRICK J., Jr. | | 2. DATE OF BIRTH 27 Aug 1919 | | 3. SEX M | 4. GRADE GS-12 |
| 5. OFFICIAL POSITION TITLE Ops Officer | | 6. OFF/DIV/BR OF ASSIGNMENT DDP/PA/C | | 7. CURRENT STATION Headquarters | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | 9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL | | 10. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE | |
| SPECIAL (Specify): | | SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. 15 March - 31 October 1965 | | 12. REPORTING PERIOD (From to) | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 3 Briefing representatives of foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party. | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish. | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or hobbies, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 4 JAN 1965 | | | | | RATING LETTER S |

SECRET

| SECTION C | | NARRATIVE COMMENTS | |
|--|--|---|---|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B on previous basis. Basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Hidalgo is an able intelligence officer, devoted to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p> <p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible. He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p> | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| <p>1. BY EMPLOYEE I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <p>DATE: 9 December 1965 SIGNATURE OF EMPLOYEE: <i>Susan L. Darling</i></p> | | | |
| <p>2. BY SUPERVISOR <small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small> 8 months <small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small></p> <p>DATE: 9 December 1965 OFFICIAL TITLE OF SUPERVISOR: C/WH/C/MO/FI-CI TYPED OR PRINTED NAME AND SIGNATURE: <i>Susan L. Darling</i></p> | | | |
| <p>3. BY REVIEWING OFFICIAL COMMENTS OF REVIEWING OFFICIAL</p> <p>I concur with the supervisor's assessment of Mr. Hidalgo with the exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p> | | | |
| DATE: 9 December 1965 | | OFFICIAL TITLE OF REVIEWING OFFICIAL: C/WH/C/MO | TYPED OR PRINTED NAME AND SIGNATURE: Walter T. Cini / <i>Walter T. Cini</i> |

SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER |
|---|---|---|---|-------------------------|-------------------------------|
| SECTION A | | | | | 027630 |
| GENERAL | | | | | |
| 1. NAME HIDALGO, Balme N. | 2. DATE OF BIRTH 27 May 1919 | 3. SEX M | 4. GRADE 12 | 5. SD D | |
| 6. OFFICIAL POSITION TITLE Ops Officer | 7. OFF/DIV/BR OF ASSIGNMENT DDP/SAS | 8. CURRENT STATION Washington | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | | 10. CHECK (X) TYPE OF REPORT |
| CAREER | RESERVE | TEMPORARY | INITIAL | REASSIGNMENT SUPERVISOR | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | XX ANNUAL | REASSIGNMENT EMPLOYEE | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - To) 9 April 1964-15 March 1965 | | |
| SECTION B: PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1 Participated (with other WH/SA/CI officers) in the handling and debriefing of a defected intelligence officer housed in the Headquarters area. | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 2 Served as Headquarters desk case officer for several counterintelligence operations--prepared cables, dispatches, and memoranda pertaining to these operations. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Assisted in translations and preparation of operational documents in Spanish (s/w messages, cover letters, owl messages, etc.). | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 4 Served as case officer for a counterintelligence operation (the agent was located in New York City) which included the debriefing, assessing, training, and dispatching of the agent to a denied area (Cuba). | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>29 MAR 1965</p> | | | | | RATING LETTER S |

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described if applicable.

Mr. Hidalgo's fluent knowledge of Cuban Spanish, his previous experience in DD/P Cuban operations, and his broad knowledge of Cuba (people, geography, customs, etc.) made him a particularly useful and versatile operations officer during his assignment in the WH/SA counterintelligence operations section. As indicated in Section B, (specific duties) he performed a wide variety of duties.

Mr. Hidalgo approached and performed his assignments with enthusiasm, keenness, dedication, and promptness. He displayed a particular talent for conducting debriefings, and it was in this type activity that he performed best. He also writes well which added to his debriefing capability as well as to his performance as a Headquarters desk operations officer in writing cables, dispatches, memoranda, etc. Mr. Hidalgo is cost conscious and effective in the use of space, equipment and funds. He does not hold a supervisory position.

Mr. Hidalgo performed most of his duties with a minimum of supervision. In a few instances, however, he had a tendency (in his eagerness and desire to get the job done well) to become impatient with the slow and deliberate pace of progress which is sometimes necessary in operational activities. In these few instances, Mr. Hidalgo's work required supervision by a senior operations officer.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

23 March 65

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

11 Months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

23 March 1965

OFFICIAL TITLE OF SUPERVISOR

WH/SA/CI/COPS

TYPED OR PRINTED NAME AND SIGNATURE

Richard Tansing

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Mr. Hidalgo is a sound operations officer with native fluency in Spanish. His impatience is with administrative delays rather than with operational problems which he understands fully and handles well. He has had problems with his health but these largely have been overcome and in the past 9 months have not impeded his operational usefulness. As of the date of this fitness report, he appears fully capable of handling any CI or FI operation assigned to him.

DATE

23 MAR 65

OFFICIAL TITLE OF REVIEWING OFFICIAL

C WH/SA CI (WH/C/SP)

TYPED OR PRINTED NAME AND SIGNATURE

Harold F. Swenson

SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 027630 |
|---|--------------------|--|---------------------------------|----------------------------------|
| SECTION A | | GENERAL | | |
| 1. NAME <i>Kidalay, Le Thanh</i> | (First) [REDACTED] | (Middle) [REDACTED] | 2. DATE OF BIRTH 27 May 1919 | 3. SEX Male |
| 4. GRADE GS-11 | 5. SD D | 6. OFF/ DIV/ BR OF ASSIGNMENT IDP/S.A.S. | 7. CURRENT STATION JMwave | |
| 8. CHECK (X) TYPE OF APPOINTMENT CAREER [] RESERVE [] TEMPORARY [] CAREER-PROVISIONAL (See Instructions - Section C) | | 10. CHECK (X) TYPE OF REPORT INITIAL [] REASSIGNMENT SUPERVISOR [] ANNUAL [] REASSIGNMENT EMPLOYEE [] XX SPECIAL (Specify): Promotion | | |
| 11. DATE REPORT DUE IN O.P. [REDACTED] | | 12. REPORTING PERIOD (From - to) 6 May 1963 to 5 September 1963 | | |
| SECTION B PERFORMANCE EVALUATION | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | |
| SPECIFIC DUTIES | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | |
| SPECIFIC DUTY NO. 1 To effect security screenings of PBRUMEN refugees arriving in the JMWA-E area from PBRUMEN in joint collaboration with ODENVY representatives. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 2 To interrogate PBRUMEN security suspects, surfaced by the above screenings and other means, in conjunction with representatives of the KUJUMP interrogation center [REDACTED] [REDACTED] | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 3 To supervise the interrogation efforts of three KUJUMP interrogators connected with the JMwave/KUJUMP KUDESCK debriefing program. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 To prepare and present to his immediate supervisor completed interrogation reports. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 | | | | RATING LETTER [REDACTED] |
| SPECIFIC DUTY NO. 6 [REDACTED] 27 SEP 1963 | | | | RATING LETTER S |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | |

SECRET

(When Filled In)

SECTION C.**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind the specific relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations if required. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Sep 26 2014
 The person being rated is a conscientious devoted [redacted] who has demonstrated an extraordinary ability to get along with his co-workers and other ODYOKO representatives with whom he is collaborating. He receives his assignments cheerfully and with enthusiasm and approaches all of his tasks with great zeal. He devotes an inordinate amount of his own personal time to his duties in an effort to achieve perfection and sets very high standards for his own performance. The person being rated speaks native Spanish and is able to accomplish all of his interrogations in Spanish. This ability is a great asset to him in his work and redounds in benefits to the KUDESK effort of the Station.

The person being rated is an accomplished interrogator and thus receives very little guidance in his work. His ability to trap security suspects in contradictions is unique and is paying dividends in the WAVE KUDESK field of endeavor. He has shown mature judgment in the handling of complex security cases, balance in appraising the interrogation results and in recommending disposal action, and proficiency in the preparation of his interrogation reports. He is currently supervising the interrogation activities of three KUJUMP interrogators [redacted] and has shown an ability in establishing personal rapport with these interrogators and proficiency in directing their activities. It is recommended from the standpoint of his career development that after the completion of his current assignment, the person being rated be moved into an assignment involving the handling of agents in the KUDESK field of effort.

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

4 months

At time preparation this report employee was on TDY Hqs and leave. Will be shown him upon return.

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

4 September 1963

Chief, CI Branch, JMWAVE (signed in pseudo on Fld. Trans.)

/s/ Mail T. PICKWORTH

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject is a hard working, dedicated, productive intelligence officer who has completely mastered those basic tools of the trade which are needed in CI activities. Subject has and uses native Spanish language fluency. Subject's performance during the period covered by this fitness report warrants an overall evaluation of "Strong." As a result, it is believed that Subject is a well-qualified journeyman who has earned a promotion to the grade of GS-12. Subject is strongly recommended for promotion to the grade of GS-12. Subject has additional growth potential as an intelligence officer. Subject's activities come to the attention of the Reviewing Officer on a bi-weekly basis.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

18 September 1963 Chief of Station, JMWAVE (signed in pseudo on Fld. Trans.)

/s/ Andrew K. REUTEMAN

SECRET

SECRET

(When Filled In)

| | | | | |
|---|--|---|--|---------------------------|
| FITNESS REPORT | | | EMPLOYEE SERIAL NUMBER 027630 | |
| SECTION A | | | GENERAL | |
| 1. NAME HIDALGO, BALMES | | (Last) (First) (Middle) | 2. DATE OF BIRTH 27 May 1919 | 3. SEX M |
| 6. OFFICIAL POSITION TITLE Ops Officer | | 7. OFF/DIV/BR/OF ASSIGNMENT DIP WH P&O SEC A. | | 8. CURRENT STATION |
| 9. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify): | | | 10. CHECK (X) TYPE OF REPORT INITIAL ANNUAL SPECIAL (Specify): 11. DATE REPORT DUE IN O.P. 30 October 1962 | |
| | | | 12. REPORTING PERIOD (From to) 17 Jan 62 - 30 Sep 62 | |
| SECTION B PERFORMANCE EVALUATION | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | |
| SPECIFIC DUTIES | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | |
| SPECIFIC DUTY NO. 1 Responsible for initiation and development of WH Division durable assets program. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Collate and maintain files on espionage laws of LA countries. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Served as interpreter and translator for Division LA contacts. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 Coordinated with Branch 1 of WHD on FI and CI matters. | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Gives lectures as guest instructor to students attending School of International Communism. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 6 | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> | | | | RATING LETTER P |

SECRET**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

SECTION D CERTIFICATION AND COMMENTS**1. BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

| | |
|---------------------------|---|
| DATE <i>18 Sept 62</i> | SIGNATURE OF EMPLOYEE <i>Alvaro L. Hidalgo</i> |
|---------------------------|---|

2. BY SUPERVISOR

| | |
|---|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|

| | | |
|----------------------------------|--|---|
| DATE <i>18 September 1962</i> | OFFICIAL TITLE OF SUPERVISOR <i>C/WH/PO/A</i> | TYPED OR PRINTED NAME AND SIGNATURE <i>Clark H. Simmons</i> <i>CLARK H. SIMMONS</i> |
|----------------------------------|--|---|

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I have had insufficient personal contact with Subject to make any meaningful comments.

| | | |
|----------------------------------|---|---|
| DATE <i>13 September 1962</i> | OFFICIAL TITLE OF REVIEWING OFFICIAL <i>C/WH/OPS</i> | TYPED OR PRINTED NAME AND SIGNATURE <i>Vernon L. Gresham</i> <i>VERNON L. GRESHAM</i> |
|----------------------------------|---|---|

SECRET

S E C R E T
(When Filled In)

| | |
|--------------------------------------|---|
| CERTIFICATION OF SEPARATING EMPLOYEE | Name (Last-First-Middle) Hidalgo, Barnes |
|--------------------------------------|---|

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).
2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). NA
3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
4. Standard Form 2802 (Application for Refund of Retirement Deductions). Medical Disability
5. Form 2595 (Authorization for Disposition of Paychecks). NO CHANGE
6. Applicable to returnee (resignee from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
 Appointment arranged with Office of Medical Services.
 Appointment for Office of Medical Services examination declined.
7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.
8. Form 71 (Application for Leave).
9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).
10. Instructions for returning to duty from Extended Leave or Active Military Service.

| | |
|--|---|
| Signature of Employee <i>Hector T. Hidalgo</i> | Date Signed Feb 27, 1970 |
| Address (Street, City, State, Zip Code) 403 SILVER ROCK RD Parkville MD 20851 | Correspondence <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert |
| IR 40 VARIATION HIGHGRO X6646 | SECRET |

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM**

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

| | | | | |
|-------------------------------------|-----------------------|----------|---|---|
| NAME (last) HEDALOU JrBalme | (first) Nieves | (middle) | DATE OF BIRTH (month, day, year) May 27 1919 | SOCIAL SECURITY NUMBER 123 05 9966 |
| Employee Serial Number 27630 | | | LOCATION (City, State, ZIP Code) | |
| EMPLOYING DEPARTMENT OR AGENCY | | | | |

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here —
if you
WANT BOTH
optional and
regular
insurance

 (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here —
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

 (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here —
if you
WANT NEITHER
regular nor
optional
insurance

 (C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE IF YOU MARKED BOX "A" OR "C".
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

13 February 1963

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

OFFICE OF PERSONNEL
88-2039-PH-BG
13-102

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM NO. 170-2
JAN. 1958
(For use only until April 14, 1960)
170-101

STANDARD FORM 61
REVISED MARCH 1958
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 48

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee.

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, BALMES HIDALGO JR., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

..... 17 Mar 58
(Date of entrance on duty)

James B. Hidalgo Jr.
(Signature of appointee)

Subscribed and sworn before me this 13 th day of March A. D. 1958,

at Washington, D.C.
(City)

D.C.
(State)

[SEAL]

Billing G. Burchell FEB 18 1958
(Signature of officer)
Appointment Clerk
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

14-30100-6

DECLARATION OF APPOINTEE

This form is to be completed before you report on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

| 1. PRESENT ADDRESS (Street and number, city and State) 76-4613 B. Elkwood Drive, N.W. - revised 10, D.C. | | | | | | | |
|---|---|---|---------------------------------------|---|--------------------|-------------------------------------|----|
| 2. (A) DATE OF BIRTH 27 May 1899 | | (C) PLACE OF BIRTH (city and State or city and foreign country) Philadelphia, U.S.A. | | | | | |
| 3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY Louise Moonlee | | (B) RELATIONSHIP wife | (C) STREET AND NUMBER, CITY AND STATE | | | | |
| | | | (D) TELEPHONE NO. | | | | |
| 6. DOES THE UNITED STATES GOVERNMENT EMPLOY, OR IN CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| Memo, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12. | | | | | | | |
| NAME | POST OFFICE ADDRESS (Give street number, if any) | (1) POSITION OR (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP | MAIL ADDRESS (If known) | SIM- PLE OLE | | |
| | | 1. | | | | | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| | | 5. | | | | | |
| | | 6. | | | | | |
| | | 7. | | | | | |
| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN | | YES | NO | INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN | | YES | NO |
| 1. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA? | | <input checked="" type="checkbox"/> | | 10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT? | | <input checked="" type="checkbox"/> | |
| 2. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? | | <input checked="" type="checkbox"/> | | 11. (B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED? | | <input checked="" type="checkbox"/> | |
| If your answer is "Yes," give details in Item 12. | | | | 12. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY? | | <input checked="" type="checkbox"/> | |
| If your answer is "Yes," give details in Item 12. | | | | B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY? | | <input checked="" type="checkbox"/> | |
| 13. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BANNED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? | | | | C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? | | <input checked="" type="checkbox"/> | |
| If your answer to A, B, or C is "Yes," give details in Item 12 especially as you can remember, including the name and address of employer, approximate date, and reasons in each case. | | | | If your answer is "Yes," give details of and reasons for such debarment in Item 12. | | | |

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

SECRET
(Form Filled In)

LG

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record; they must be periodically updated. This is done automatically for much information, however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not.

Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form or your initiative.

| SECTION I | | BIOGRAPHIC AND POSITION DATA | | | | |
|--|----------------------------|------------------------------|----------------|------------------|--------------------------|-----------------------------|
| EMP. SER. NO. | (NAME (Last-First-Middle)) | | | | DATE OF BIRTH | |
| 027630 | Hidalgo, Balmes N. Jr. | | | | 05/27/19 | |
| SECTION II | | EDUCATION | | | | |
| LAST HIGH SCHOOL ATTENDED | | ADDRESS (CITY STATE COUNTRY) | | | YEARS ATTENDED (From To) | |
| La Salle Academy | | NYC NY | | | 1938-1940 | |
| COLLEGE OR UNIVERSITY STUDY | | | | | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | | SUBJECT | YEARS ATTENDED | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/GRD. HRS. (Specify) |
| NY University | | Comm Law INT-ESP | 1943-45 | NO | | |
| UNIV of MD | | Fire engineering | 1968 | No Credit Course | | |
| Mont Jr College | | Real Estate Procedures | 1968 | No Credit Course | | |

If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS | | | | | |
|--|--|---------------------------|----------|------|---------------|
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
| Suburban Hospital | | Emergency Room procedures | EXAMINER | 1968 | 3(?) |
| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
| Non-Com leadership school | | | 194? | | ? |

| SECTION III | | | | | MARITAL STATUS | |
|---|--------------|--|-------------------|-------------------|---|--|
| 1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled Marriage(s), SPECIFY.) MARRIED | | | | | | |
| 2. NAME OF SPOUSE (Last) HIDALGO | | (First) Veronica | (Middle) Waylonis | (Widow) | Waylonis | |
| 3. DATE OF BIRTH 23 May 14 | | 4. PLACE OF BIRTH (City State Country) DuBois, Pa, USA | | | | |
| 5. OCCUPATION CIA | | 6. PRESENT EMPLOYER CIA | | | | |
| 7. CITIZENSHIP US | | 8. FORMER CITIZENSHIP (If Country) N/A | | | 9. DATE U.S. CITIZENSHIP ACQUIRED Birth | |
| SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE | | | | | | |
| NAME | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS | | |
| 1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE | Daughter | 1945 NYC NY | US | Arlington, Va | | |
| 2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE | Daughter | 1950 NYC NY | US | Alexandria Va | | |
| 14-513 (4) JUN 1968 | | | | | | |

SECRET

| SECTION V - GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL | | | | | | |
|--|--|--|---------------------------------------|--|---|---------|
| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF ENTRY | KNOWLEDGE ACQUIRED BY CHECK (X) | REASONS | STUDY |
| Havana, Cuba | Language, customs, people 1919-25 | | | X | X | X |
| Rep. of Panama | " " | 1952-58 | Dec 20 | X | X | X |
| El Salvador, Mexico | " " | various | | X | X | X |
| Guatemala, Puerto Rico | " " | various | | X | X | X |
| SECTION VI - TYPING AND STENOGRAPHIC SKILLS | | | | | | |
| 1. TYPING (WPM) | 2. SHORTHAND (WPM) | 3. INDICATE SHORTHAND SYSTEM USED - CHECK THE APPROPRIATE ITEM | | | | |
| | | <input type="checkbox"/> CHI | <input type="checkbox"/> SPEEDWRITING | <input type="checkbox"/> STENOGRAPHY | <input type="checkbox"/> OTHER SPECIFIC | |
| SECTION VII - SPECIAL QUALIFICATIONS | | | | | | |
| PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED | | | | | | |
| Extremely capable in First Aid (advanced) and teaching of same. Firefighting procedures. Elementary knowledge of Real Estate Procedures. | | | | | | |
| SECTION VIII - MILITARY SERVICE | | | | | | |
| CURRENT DRAFT STATUS | | | | | | |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? | 2. NEW CLASSIFICATION | | | | | |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO N/A | | | | | |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS | 4. IF DEFERRED, GIVE REASON | | | | | |
| N/A | N/A | | | | | |
| MILITARY RESERVE, NATIONAL GUARD STATUS | | | | | | |
| CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG | <input type="checkbox"/> ARMY | <input type="checkbox"/> MARINE CORPS | <input type="checkbox"/> COAST GUARD | <input type="checkbox"/> NATIONAL GUARD | | |
| <input type="checkbox"/> NAVY | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> AIR NATIONAL GUARD | | | | |
| NONE | | | | | | |
| 1. CURRENT RANK, GRADE OR RATE | 2. DATE OF APPOINTMENT IN CURRENT RANK | 3. EXPIRATION DATE OF CURRENT OBLIGATION | | | | |
| N/A | N/A | N/A | | | | |
| 4. CHECK CURRENT RESERVE CATEGORY | | | | | | |
| <input type="checkbox"/> READY RESERVE | <input type="checkbox"/> STANDBY (ARMED) | <input type="checkbox"/> STANDBY (ACTIVE) | <input type="checkbox"/> RETIRED | <input checked="" type="checkbox"/> DISCHARGED | | |
| 5. MILITARY MOBILIZATION | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED | | | | | |
| N/A | N/A | | | | | |
| MILITARY SCHOOLS COMPLETED (Excluded Active, Reserve Duty, or as Civilian) | | | | | | |
| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | | DATE COMPLETED | | RESIDENT | |
| Non-Civ leadership school | same | | ???? | | AGENCY SPONSORED | |
| SECTION IX - PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS | | | | | | |
| NAME AND CHAPTER | ADDRESS (Number, Street, City, State, Country) | | | | DATE OF MEMBERSHIP | |
| American Red Cross | Silver Spring Md | | | | 1964 | present |
| Rockville Fire Dept and OTHERS | (presently Rockville, Md) | | | | 1958 | present |
| International Rescue & 1st Aid Assoc | worldwide | | | | 1956(7) | present |
| Montgomery Board of Realtors (ASSOCIATE member)(Participation pending) | | | | | 1958 | present |
| SECTION X - REFERENCES | | | | | | |
| I am a bit hazy on the dates. | | | | | | |
| DATE 19 Dec 68 | SIGNATURE OF EMPLOYEE <i>Robert H. H.</i> | | | | | |

SECRET

SECRET

XEROX REPRODUCED BY

| SECTION V - GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL | | | | | | | |
|--|-------------------------------|------------------------------|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY CHECKS | WORK | STUDY | GONE ABSENT |
| Cuba | Area and people/Lan. | 1919-1924 | Family | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Panama | Area and people/Lan | 1952-58 | Holiday | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dom Rep | Area and People/Lan | 1965 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Salvador/Guatemala | | 1961-2-3 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| SECTION VI & Mex - TYPING AND STENOGRAPHIC SKILLS | | | | | | | |
|---|--------------------|---|---------------------------------------|------------------------------------|---|--|--|
| 1. TYPING (WPM) | 2. SHORTHAND (WPM) | 3. INDICATE SHORTHAND SYSTEM USED - CHECK IN APPROPRIATE ITEM | | | | | |
| | | <input type="checkbox"/> GREGG | <input type="checkbox"/> SPEEDWRITING | <input type="checkbox"/> STENOTYPE | <input type="checkbox"/> OTHER SPECIFY: | | |

| SECTION VII - SPECIAL QUALIFICATIONS | | | | | | | |
|--|--|--|--|--|--|--|--|
| PROVIDE INFORMATION ON Hobbies, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED | | | | | | | |
| Quite proficient in photography - Safety and Fire engineering - First Aid including the Instruction of First Aid & Hospital Coppeman duties. SOME Real Estate knowledge. | | | | | | | |

| SECTION VIII - MILITARY SERVICE | | | | | | | |
|---|-----------------------------|---|--|-----------------------------|--|--|--|
| CURRENT DRAFT STATUS | | | | | | | |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? | | 2. NEW CLASSIFICATION <i>See age</i> | | | | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS | | | | 4. IF DEFERRED, GIVE REASON | | | |

| MILITARY RESERVE, NATIONAL GUARD STATUS | | | | | | | |
|---|--|-------------------------------|---------------------------------------|--------------------------------------|---|--|--|
| CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG | | <input type="checkbox"/> ARMY | <input type="checkbox"/> MARINE CORPS | <input type="checkbox"/> COAST GUARD | <input type="checkbox"/> NATIONAL GUARD | | |
| <i>NONE</i> | | <input type="checkbox"/> NAVY | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> | <input type="checkbox"/> AIR NATIONAL GUARD | | |

| 1. CURRENT RANK, GRADE OR RATE | 2. DATE OF APPOINTMENT IN CURRENT RANK | 3. EXPIRATION DATE OF CURRENT OBLIGATION |
|--------------------------------|--|--|
| N/A | N/A | N/A |

| 4. CHECK CURRENT RESERVE CATEGORY | READY RESERVE | STANDBY(MARINE) | STANDBY(GUARD) | RETIRED | <input checked="" type="checkbox"/> DISCHARGED |
|-----------------------------------|---------------|-----------------|----------------|---------|--|
| | | | | | |

| 5. MILITARY MOBILIZATION ASSIGNMENT | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED |
|-------------------------------------|---|
| N/A | N/A |

| MILITARY SCHOOLS COMPLETED (Excluded Active, Reserve Duty, or Civilian) | | | | | | | |
|---|-------------------------|----------------|---------|------|---------|--------------------|---------|
| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | DATE COMPLETED | REMARKS | NAME | ADDRESS | DATE OF MEMBERSHIP | REMARKS |
| Non-Com leadership school | Infantry | 1943 | | N/A | N/A | FROM TO | |

| SECTION IX - PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS | | | | | | | |
|---|--|--|--|--------------------|---------|--|--|
| NAME AND CHAPTER | ADDRESS (Number, Street, City, State, Country) | | | DATE OF MEMBERSHIP | | | |
| Rockville Fire Dept & others | Rockville Md & others | | | 1958 | present | | |
| Red Cross as Emergency transport and | | | | 1964 | B | | |
| First-Aid Instructor as well as Md Corpseman | | | | 1968 | B | | |
| Associate member Mgmt Realtors | | | | 1964 | B | | |
| Int Assoc Rescue & First Aid | | | | | | | |

| SECTION X - REMARKS | | | | | | | |
|--|--|--|--|--|--|--|--|
| Re Section IV: Both daughters now married. Re Section III: This is second marriage. Re Real Estate training: This still in active stage. Plans are to supplement my work and eventually change to it on full time basis. | | | | | | | |

| DATE | SIGNATURE OF EMPLOYEE |
|-----------|-----------------------|
| 25 Nov 68 | <i>R. J. D. S.</i> |

SECRET

SECRET

(Form Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 4441, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I

BIOGRAPHIC AND POSITION DATA

| | | |
|---------------|--------------------------|---------------|
| EMP. SER. NO. | NAME (Last-First-Middle) | DATE OF BIRTH |
| 027630 | Hidalgo, Balme N. | 05/27/19 |

SECTION II

EDUCATION

HIGH SCHOOL

| | | | |
|---------------------------|-------------------------------|--------------------------|--|
| LAST HIGH SCHOOL ATTENDED | ADDRESS (City, State Country) | YEARS ATTENDED (From-To) | GRADUATE |
| La Salle Academy | NYC NY | 1938-40 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | | YEARS ATTENDED FROM - TO - | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/OTR. HRS. (Specify) |
|--|-----------------------------------|-------|-------------------------------|-----------------|---------------|--------------------------------|
| | MAJOR | MINOR | | | | |
| 1. New York University | Comm Law Import-Export procedures | | 1943/45 | NO | | |
| 2. | | | | | | |

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|---|-------------------------|--------|--------|---------------|
| University of Md. College of Engineering | Fire Service extension | Jan 66 | Aug 66 | 8 |

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|---|--|--------------|----|---------------|
| Montgomery Junior College Rockville, Md Campus | Real Estate procedures | Oct 1968 | | 1 |
| Suburban Hospital Bethesda, Md | Emergency Medical Aid/ Maryland State Corpman | Jan-May 1968 | | 5 |

SECTION III

MARITAL STATUS

| | | | |
|---|---------|--|--|
| 1. PRESENT STATUS (Single, Married, Separated, Divorced, Annulled, Remarried) SPECIFY: | Married | | |
| 2. NAME OF SPOUSE (Last) HIDALGO (First) Veronica (Middle) (Maiden) (WAYLONES) | | | |

| | | | | |
|--|--|--|--|--|
| 3. DATE OF BIRTH May 29 1914 | 4. PLACE OF BIRTH (City, State Country) DuBois, Pa., USA | | | |
|--|--|--|--|--|

| | | | | |
|------------------------------------|--------------------------------------|--|--|--|
| 5. OCCUPATION Admin Asst | 6. PRESENT EMPLOYER C.I.A. | | | |
|------------------------------------|--------------------------------------|--|--|--|

| | | | | |
|-----------------------------|---|---|--|--|
| 7. CITIZENSHIP US | 8. FORMER CITIZENSHIP(S) COUNTRY(IES) N/A | 9. DATE U.S. CITIZENSHIP ACQUIRED Birth | | |
|-----------------------------|---|---|--|--|

SECTION IV

DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

| NAME | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |
|---|--------------|-------------------------|-------------|-------------------|
| 1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE | Daughter | NYC NY - Feb 23/50 | US | Alexandria Va |
| 2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE | Daughter | NYC NY - Jan 6/45 | US | Arlington Va |

ALSO FIRST AID INSTRUCTORS Course of one to four hours.

SECRET

When Filled In:

LLC

OFFICIAL USE ONLY until 12/31/68

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

| SECTION 1 | | BIOGRAPHIC AND POSITION DATA | | |
|-----------------------------------|------------------------------|------------------------------|---------------------------|-----------------------|
| 1 EMP. SER. NO. | 2 NAME (Last, First, Middle) | 3 SEX | 4 DATE OF BIRTH | 5 SCHEDULE GRADE/STEP |
| 027030 | MICALGO B N JR | M | 03/27/19 | GS - 22-04 |
| 6 SD | 7 POSITION TITLE | 8 OFFICE OF ASSIGNMENT | 9 LOCATION (Country/City) | |
| D | CPS OFFICER | W4 | WASH., D.C. | |
| SECTION 2 AGENCY OVERSEAS SERVICE | | | | |
| AREA | TYPE TOUR | FROM | TO | |
| PANAMA & WESTERN HEMISPHERE | PCS-VV | 52/05/12 | 57/12/30 | |
| WESTERN HEMISPHERE | TDY-CC | 59/01/29 | 59/02/08 | |
| WESTERN HEMISPHERE | TDY-CC | 63/02/03 | 01/03/01 | |
| WESTERN HEMISPHERE | TDY-CC | 61/04/19 | 61/06/19 | |
| EUROPEAN AREA | TDY-CC | 63/12/01 | 63/12/18 | |
| WESTERN HEMISPHERE | PCS-CC | 60/04/31 | 60/05/01 | |
| WESTERN HEMISPHERE | TDY-CC | 63/04/01 | 64/04/01 | |
| WESTERN HEMISPHERE | TDY-CC | 65/12/11 | 66/12/11 | |
| | | THREE WEEKS | | |

OVERSEAS DATA

CODED 25 APR 1968

DATE: INITIALS: [initials]

| SECTION 3 | | EDUCATION | |
|-----------------------------|--|-----------|---------|
| DEGREE | MAJOR FIELD | COLLEGE | YEAR |
| NO COLLEGE DEGREE ON RECORD | | | |
| NONE | Two years - Commercial Latin IMPERIAL ENGLISH, Philadelphia | NYU | 1943-45 |

SECRET

When filled in

| SECTION II | | EDUCATION (Cont'd) | | | | | |
|--|--|---------------------------------------|-------------|-----------------|------------------------|---|------------------------------|
| | | HIGH SCHOOL | | | | | |
| LAST HIGH SCHOOL ATTENDED Loy Salle Academy | | ADDRESS & CITY STATE COUNTY NYC NY | | | YEARS ATTENDED FROM TO | GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | COLLEGE OR UNIVERSITY STUDY | | | | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | | SUBJECT | | YEARS ATTENDED | DEGREE RECEIVED | YEAR RECEIVED | NO SEM / QTR - MRS SEM/AS |
| | | MAJOR | MINOR | FROM TO | | | |
| NYU - NYC NY | | Commerce | Export laws | Sept 43 to ? 45 | No | | 777 |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 3. IF A GRADUATE COURSE HAS BEEN NOTED ABOVE, INDICATE SUBJECT, DATE OF A WRITTEN THESIS AND GIVE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT | | | | | | | |
| Course, Date Thesis OAEW2E42 DUM | | | | | | | |
| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS | | | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE | | | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| AGENCY SPONSORED EDUCATION | | | | | | | |
| Specify which, if any, of the education shown in Section II was Agency sponsored | | | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS | |
| 1 Full Ops course | | | | During 1958 | | 9 | |
| Management Course | | | | 1966 one week | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

SECRET

SECRET

| SECTION VII | | | | MILITARY SERVICE | |
|---|--|---|--|--|--|
| CURRENT DRAFT STATUS | | | | | |
| 1 ARE YOU REGISTERED FOR THE DRAFT | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 2 SELECTIVE SERVICE CLASSIFICATION ??? | |
| 3 LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS | | N/A | | 4 IF DEFERRED GIVE REASON N/A | |
| 5 MILITARY ORGANIZATION (Area Army or Command) | | 6 BRANCH OF SERVICE | | 7 DATES OF SERVICE (extend service date) FROM Oct 1940 TO Sept 1943 | |
| Army Federalized National Guard | | Infantry Cpl. | | | |
| 8 STATUS Regular Reserve or National Guard | | 9 RANK GRADE OR RATE OF SEPARATION, IF NOT ACTIVE | | 10 SERIAL SERVICE OR FILE NUMBER 20249766 | |
| 9 CHECK TYPE OF SEPARATION HONORABLE DISCHARGE RELEASE TO INACTIVE DUTY RETIREMENT FOR AGE | | 10 RETIREMENT FOR SERVICE RETIREMENT FOR COMBAT DISABILITY RETIREMENT FOR PHYSICAL DISABILITY | | 11 UNDUE HARDSHIPS OTHER (Specify) | |
| 12 BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate the duties and the dates when best describe your work or function in the military service) Infantryman; Cryptographic section; driver. | | | | | |
| MILITARY RESERVE NATIONAL GUARD STATUS | | | | | |
| 13 CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG NGB | | <input type="checkbox"/> ARMY | <input type="checkbox"/> MARINE CORPS | <input type="checkbox"/> COAST GUARD | <input type="checkbox"/> NATIONAL GUARD |
| | | <input type="checkbox"/> NAVY | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> | <input type="checkbox"/> AIR NATIONAL GUARD |
| 14 CURRENT RANK GRADE OR RATE | | 15 DATE OF APPOINTMENT IN CURRENT RANK | | 16 EXPIRATION DATE OF CURRENT RESERVE OBLIGATION | |
| 17 CHECK CURRENT RESERVE CATEGORY READY RESERVE | | <input type="checkbox"/> | STANDBY ACTIVE | <input type="checkbox"/> | REF IDLE |
| 18 BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (Indicate the duties and the dates when best describe your work or function in the military service) | | | | | |
| 19 IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT IDENTIFY THE UNIT AND ITS ADDRESS | | | | | |
| MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian) | | | | | |
| NAME AND ADDRESS OF SCHOOL | | SCHOOL SPECIALIZATION | | DATE COMPLETED | |
| 1. | | | | | RESIDENT CORRESPONDENCE AGENCY SPONSORED |
| 2. | | | | | RESIDENT CORRESPONDENCE AGENCY SPONSORED |
| 3. | | | | | RESIDENT CORRESPONDENCE AGENCY SPONSORED |
| 4. | | | | | RESIDENT CORRESPONDENCE AGENCY SPONSORED |
| 5. | | | | | RESIDENT CORRESPONDENCE AGENCY SPONSORED |

SECRET

SECRET

(When filled in)

| SECTION IV | | | | GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL | | | |
|------------------------------|----------------------------------|---------------------------------|--------------------------|--|-------------|-------|--------------------------|
| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY - CHECK (1) | | | |
| | | | | RES- DENCE | TRAV- EL | SPEC- | WORK ASSOC- IATION |
| Cuba | Language-Area knowledge | 1919-1924 | — | X | | | |
| Panama | " " " | 1952-58 | | X | | | X |
| Puerto Rico | " " " | various | | | X | | X |
| Guatemala | " " " | various | | | X | | X |
| El Salvador | " " " | various | | | X | | X |
| Mexico | " " " | various | | | X | | X |
| Dom Rep | " Limited area knowledge | 1965 | | | | | X |
| Germany | " " " | 1963 | | | | | X |
| Scotland | " " " | 1963 | | | | | X |
| | | | | | | | |

| SECTION V | | | | TYPING AND STENOGRAPHIC SKILLS | | | |
|--|--------------------|--|---------------------------------------|------------------------------------|--|--|--|
| 1. TYPING (WPM) | 2. SHORTHAND (WPM) | 3. INDICATE SHORTHAND SYSTEM USED - CHECK (1) APPROPRIATE ITEM | | | | | |
| 40 | | <input type="checkbox"/> GREGG | <input type="checkbox"/> SPEEDWRITING | <input type="checkbox"/> STENOTYPE | <input type="checkbox"/> OTHER SPECIES | | |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (COMPUTER, TELETYPE, TELETYPE CARD PUNCH, ETC.) | | | | | | | |
| Various | | | | | | | |

| SECTION VI | | | | SPECIAL QUALIFICATIONS | | | |
|--|--|--|--|------------------------|--|--|--|
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED INDICATE YOUR PROFICIENCY IN EACH | | | | | | | |
| First Aid Instructor. Very active currently. | | | | | | | |
| Fire Fighting and safety practices. University of Maryland. Active currently. | | | | | | | |
| Sky Diving - 10 jumps during 1962. Done once. | | | | | | | |
| 2. FACULTORY BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4. SPECIFICALLY LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (radio, tv, speed reading & recording, OFFSET PRESS, TURRET LATHE, ETC) AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES | | | | | | | |
| | | | | | | | |
| 3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| 4. IF YOU HAVE ANSWERED 'YES' TO ITEM 3 ABOVE INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license number if known) | | | | | | | |
| First Aid Instructor - National Red Cross - 1963 | | | | | | | |
| 5. FIRST LICENSE/CERTIFICATE (Year of issue) 1963 | | | | | | | |
| 6. LATEST LICENSE/CERTIFICATE (Year of issue) | | | | | | | |
| 7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. DO NOT SUBMIT COPIES UNLESS REQUESTED. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Fiction or scientific articles, general interest, scholarly works, short stories, etc.) | | | | | | | |
| 8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED | | | | | | | |
| 9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE | | | | | | | |

SECRET

SECRET

When filled in

~~SECRET~~

SECRET

(When Filled In)

| | | | | | | | | | | | | | | | |
|---------------------------------------|-----------|--|--------------|--------------------|---------------|--------------------|-----------|---|-----------|-------|--|--|--|--|--|
| 1. PERSONNEL SERIAL NO. (1-6) | | 2. D.O.B. | | | | | | | | | | | | | |
| 3. NAME (7-24) | | 4. COMPONENT | | 5. GRADE | | | | | | | | | | | |
| 6. LANGUAGE | | 7. CODE (25-27) | | 8. DATE OF TEST | | | | | | | | | | | |
| 9. TEST PURPOSE | | 10. ANNIVERSARY DATE (28-33) | | | | | | | | | | | | | |
| 11. AWARD | | 12. TEST SCORES | | | | | | | | | | | | | |
| SKILL | | READING (34) | WRITING (35) | PRONUNCIATION (36) | SPEAKING (37) | UNDERSTANDING (38) | | | | | | | | | |
| 14. I CERTIFY THIS EMPLOYEE FOR AWARD | | 15. TYPE OF AWARD | | | | | | | | | | | | | |
| SIGNATURE | | <table border="1"> <tr> <td>A - M</td> <td>E - I - N</td> <td>C</td> <td>R - W - S</td> <td>D - V</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | A - M | E - I - N | C | R - W - S | D - V | | | | | |
| A - M | E - I - N | C | R - W - S | D - V | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 16. AMOUNT OF AWARD | | 17. I CERTIFY THAT FUNDS ARE AVAILABLE OBLIGATION REF. NO. <input type="text"/> SIGNATURE <input type="text"/> | | | | | | | | | | | | | |
| 18. FEDERAL TAX DEDUCTION | | | | | | | | | | | | | | | |
| 19. STATE/DC TAX DEDUCTION | | | | | | | | | | | | | | | |
| 20. NET AMOUNT OF AWARD | | 21. CHARGE ALLOTMENT NO. <input type="text"/> DATE <input type="text"/> | | | | | | | | | | | | | |
| 22. FORWARD CHECK TO | | 23. EMPLOYEE PAYROLL NO. <input type="text"/> | | | | | | | | | | | | | |
| 24. ALLOTMENT OF ASSIGNMENT | | 25. CHECK NO. <input type="text"/> DATE <input type="text"/> | | | | | | | | | | | | | |

FORM 1333 - USE PREVIOUS EDITIONS

SECRET

118-431 MRD COPY

SECRET

(Wheat Filled)

| | | | | | | |
|---|--|------------------|-----------------|--------------------|-----------------|--------------------|
| 1. PERSONNEL SERIAL NO. (1-6) | | (When Filled In) | | | | |
| LANGUAGE PROFICIENCY AND AWARDS DATA | | | | | | |
| 2. NAME (7-24) | | | 4. COMPONENT | | 5. GRADE | |
| 7. LANGUAGE | | | 8. CODE (25-27) | | 9. DATE OF TEST | |
| 11. TEST PURPOSE | | TEST SCORES | | | | |
| AWARD | | READING (34) | WRITING (35) | PRONUNCIATION (36) | SPEAKING (37) | UNDERSTANDING (38) |
| SKILL | | | | | | |
| 14. I CERTIFY THIS EMPLOYEE FOR AWARD | | | | | | |
| SIGNATURE | | DATE | | | | |
| 16. AMOUNT OF AWARD | | \$ 27.00 | | | | |
| 18. FEDERAL TAX DEDUCTION | | \$ | | | | |
| 19. STATE/DC TAX DEDUCTION | | \$ | | | | |
| 21. NET AMOUNT OF AWARD | | \$ | | | | |
| 23. FORWARD CHECK TO | | | | | | |
| 24. ALLOTMENT OF ASSIGNMENT | | | | | | |
| 25. CHECK NO. | | DATE | | | | |
| 12. ELIGIBILITY (39) | | | | | | |
| AWARDABLE | | NOT AWARDABLE | | | | |
| A | | M | | | | |
| 15. TYPE OF AWARD | | | | | | |
| A-M | | E-I-N | | C | | R-W-S |
| S | | I | | C | | S |
| 17. I CERTIFY THAT FUNDS ARE AVAILABLE OBLIGATION REF. NO. SIGNATURE | | | | | | |
| 20. CHARGE ALLOTMENT NO. DATE | | | | | | |
| 22. EMPLOYEE PAYROLL NO. | | | | | | |
| 26. ALLOTMENT OF PAYMENT | | | | | | |
| 27. CHECK NO. DATE | | | | | | |

FORM 1-5A 1273 USE PREVIOUS EDITIONS

~~SECRET~~

MRD 668X

14-00000
SECRET
(When Filled In)

| | | | |
|---|---|--|--|
| 11-61 127 630 | LANGUAGE DATA RECORD | | |
| PART I-GENERAL | | | |
| 1. NAME (Last-First-Middle) (17-241) Hidalgo, Balmes Nieves JR | 2. DATE OF BIRTH (E25-301) May 27 1912 | | |
| 3. LANGUAGE (431-331) Spanish 720 | 4. TODAY'S DATE (134-331) May 9 1958 | 5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE | |
| PART II-LANGUAGE ELEMENTS | | | |
| SECTION A. Reading (40) | | | |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY. | | | |
| 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY. | | | |
| 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (NEWSPAPERS, REFERENCE MATERIALS, ETC.), USING THE DICTIONARY FREQUENTLY. | | | |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY. | | | |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE. | | | |
| SECTION B. Writing (41) | | | |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY. | | | |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. | | | |
| 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY. | | | |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY. | | | |
| 5. I CANNOT WRITE IN THE LANGUAGE. | | | |
| SECTION C. Pronunciation (42) | | | |
| 1. <input checked="" type="checkbox"/> MY PRONUNCIATION IS NATIVE. | | | |
| 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME. | | | |
| 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND. | | | |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND. | | | |
| 5. I HAVE NO SKILL IN PRONUNCIATION. | | | |
| CONTINUE ON REVERSE SIDE | | | |

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D. Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (14)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

| | |
|-------------|----------------------------------|
| DATE SIGNED | SIGNATURE |
| 9 May 1958 | <i>Halmay, H. H. [Signature]</i> |
| (46) | C |
| (47) | A |

SECRET

(When Filled In)

| | | | |
|---|--------------------------|--|------|
| (1-6) | LANGUAGE DATA RECORD | | |
| 127630 | | | |
| PART I-GENERAL | | | |
| 1. NAME (Last-First-Middle) (17-24) | 2. DATE OF BIRTH (25-30) | | |
| Hidalgo, Balme Nieves JR | MONTH | DAY | YEAR |
| May | 27 | 1919 | |
| 3. LANGUAGE (31-33) | 4. TODAY'S DATE (34-39) | 5. | |
| Portuguese 630 | May 9 1958 | <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE | |
| PART II-LANGUAGE ELEMENTS | | | |
| SECTION A. Reading (40) | | | |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY. | | | |
| 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY. | | | |
| 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY. | | | |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY. | | | |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE. | | | |
| SECTION B. Writing (41) | | | |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY. | | | |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. | | | |
| 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY. | | | |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE; USING THE DICTIONARY FREQUENTLY. | | | |
| 5. I CANNOT WRITE IN THE LANGUAGE. | | | |
| SECTION C. Pronunciation (42) | | | |
| 1. MY PRONUNCIATION IS NATIVE. | | | |
| 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME. | | | |
| 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND. | | | |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND. | | | |
| 5. I HAVE NO SKILL IN PRONUNCIATION. | | | |
| CONTINUE ON REVERSE SIDE | | | |

CONTINUATION OF PART III-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

| | |
|-------------|---------------------------|
| DATE SIGNED | SIGNATURE |
| 9-May-1958 | <i>Salam, b' Yabiray,</i> |
| 1461 | 1473 |

CONFIDENTIAL

SECURITY APPROVAL

DATE : 17 April 1964

YOUR
REFERENCE: 18658 DDP/SAS

CASE NO. : 65077

TO : Director of Personnel

ATTN :

SUBJECT : HIDALGO, Balmes Nieves, Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

A personal interview in the Office of Security must be arranged.

A personal interview is not necessary.

Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

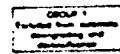
4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

W. A. Osborne

W. A. Osborne

Chief, Personnel Security Division



CONFIDENTIAL
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 22 April 1963

YOUR REFERENCE: Memorandum of 19 April 1963

CASE NO. : #65077

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : [REDACTED] Heddyce R. Jr.

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, OS-11, by DDP/SAS in the capacity of Operations Officer under Project JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

A personal interview in the Office of Security must be arranged by your office.

A personal interview is not necessary.

W. A. Osborne

W. A. Osborne

CHIEF, PERSONNEL SECURITY SECTION, OS

JMA

CONFIDENTIAL
(WHEN FILLED IN)

SECURITY APPROVAL

DATE : 10 March 1958

**YOUR
REFERENCE:**

CASE NO. : 65077

TO : Director of Personnel
FROM : Director of Security
SUBJECT : HIDALGO, Balmes Nieves

1. This is to inform you of security approval of the subject person as follows:

- Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.
- Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

- A personal interview in the Office of Security must be arranged.
- A personal interview is not necessary.
- This clearance is issued in advance of receipt of a SF-377. Subject will be assigned to the WH Division.

FOR THE DIRECTOR OF SECURITY:

W. M. Knott
W. M. Knott
Chief, Personnel Security Division

~~SECRET~~

BIOGRAPHIC INFORMATION

Name: Balmeo N. HIDALGO, Jr.
Grade: GS-11
Service Designation: CI

Date and Place of Birth: 27 May 1919
Havana, Cuba

Marital Status: Married

Education and Career Outside the Agency: 1943-46 New York University - No degree (2 yrs)
Nov 46-Dec 49 FBI, Eastern part of United States -
Undercover Agent

Languages: Spanish - Fluent
Portuguese & French - Fair

Military Duty: 27 Mar 39-27 Sep 1943 New York National Guard
(Federalized Oct 40) U.S. Army

CIA Experience: 18 Feb 52 Ex Appt., Contract Employee, GS-9, DDP/RH/
HYPOTHESIS, Panama City, Panama
1 Feb 56 Promotion, Contract Employee, GS-11, DDP/RH,
HYPOTHESIS, Panama City, Panama

CIA Training: Covert training

CONFIDENTIAL
(Not Padded)

INSTRUCTIONS - COMPLETED IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLEGED IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCY AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

| | | | |
|---|--|---|------------------|
| NAME OF EMPLOYEE | (Last) | (First) | (Middle) |
| HIDALGO JR PALMES NIEVES | | | |
| 1. RESIDENCE DATA | | | |
| PLACE OF RESIDENCE WHEN APPOINTED | D.C. | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) | |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE | | | |
| D.C. | | | |
| 2. MARITAL STATUS | | | |
| <small>CHECK ONE:</small> <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED | | | |
| IF MARRIED, INDICATE PLACE OF MARRIAGE | | | DATE OF MARRIAGE |
| BELLZONI MISS. USA | | | 9 APR 1943 |
| IF DIVORCED, PLACE OF DIVORCE DECREE | | | DATE OF DECREE |
| IF WIDOWED, INDICATE PLACE SPOUSE DIED | | | DATE SPOUSE DIED |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) | | | |
| 3. MEMBERS OF FAMILY | | | |
| NAME OF SPOUSE | ADDRESS (No., Street, City, Zone, State) | TELEPHONE NUMBER | |
| LOUISE HIDALGO | | | |
| NAME OF CHILDREN | ADDRESS | SEX | AGE |
| LUCIA MARIA FRANCES REBECCA | | F F | 13 8 |
| NAME OF FATHER (Or male guardian) | ADDRESS | TELEPHONE NUMBER | |
| PALMES N HIDALGO | | | |
| NAME OF MOTHER (Or female guardian) | ADDRESS | TELEPHONE NUMBER | |
| ROSE HIDALGO | | | |
| WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? | | | |
| WIFE | | | |
| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | | |
| NAME (Mr., Mrs., Miss) (Last-First-Middle) | RELATIONSHIP | | |
| HIDALGO, LOUISE | WIFE | | |
| HOME ADDRESS (No., Street, City, Zone, State) | HOME TELEPHONE NUMBER | | |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE | BUSINESS TELEPHONE & EXTENSION | | |
| IS THE INDIVIDUAL NAMED ABOVE KNITTING OF YOUR AGENCY AFFILIATION? | | | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? | | | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? | | | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM. | | | |
| 5. VOLUNTARY ENTRIES | | | |
| INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS | | | |
| GREENWICH SAVINGS BANK | | | |
| CONTINUED ON REVERSE SIDE | | | |
| CURRENT RESIDENCE AND DEPENDENCY REPORT | | | |

CONFIDENTIAL
FBI - San Francisco

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

*John G. Phillips*HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

Do NOT notify other persons in item 3 of
EMERGENCY, UNLESS wife is NOT AVAILABLE.

| | | |
|-------------------------|------|-----------|
| SIGNED AT | DATE | SIGNATURE |
| <i>John G. Phillips</i> | | |

CONFIDENTIAL

STANDARD FORM 144
JANUARY 1952
U. S. CIVIL SERVICE COMMISSION
(FPM CHAPTERS LI AND R3)

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

| | | | | | | | | | | | | | | |
|--|--|--|-------|-------|-----|----------------------|-------|-----|--------------------------------|--------|------|---|-------|-----|
| PART I.—EMPLOYEE'S STATEMENT | | | | | | | | | | | | PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE | | |
| 1. NAME (Last, first, middle initial) | | | | | | 2. DATE OF BIRTH | | | | | | 9. RETENTION GROUP | | |
| HIDALGO JR., BALMEES NERVIES | | | | | | 27 MNY 1919 | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service). | | | | | | | | | | | | 10. CSC STATUS (For permanent employees only) | | |
| NAME AND LOCATION OF AGENCY | | | FROM— | | | TO— | | | TYPE OF APPOINTMENT IF KNOWN | | | 11. SERVICE | | |
| | | | YEAR | MONTH | DAY | YEAR | MONTH | DAY | | | | YEAR | MONTH | DAY |
| US ARMY DEPT OF Defense QUARTERMASTER CORP | | | 51 | 1 | 12 | Recent | | | | 7 | 2 | 6 | | |
| 4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE." | | | | | | | | | | | | 12. TOTAL SERVICE | | |
| BRANCH | | | FROM— | | | TO— | | | DISCHARGE (Hon. or dishon.) | | | 13. NONCREDITABLE SERVICE (Leave purposes only) | | |
| | | | YEAR | MONTH | DAY | YEAR | MONTH | DAY | | | | YEAR | MONTH | DAY |
| U.S. ARMY INS | | | 1935 | MAR | 27 | 43 | SEP | 21 | HONORABLE | | | 4 | 5 | 25 |
| 5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "YES," list following information.) | | | | | | | | | | | | 14. NONCREDITABLE SERVICE (RIF purposes only) | | |
| TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar) | | | FROM— | | | TO— | | | TOTAL | | | 15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | YEAR | MONTH | DAY | YEAR | MONTH | DAY | YEARS | MONTHS | DAYS | YEAR | MONTH | DAY |
| 6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?) | | | | | | | | | | | | 16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | 17. EXPIRATION DATE OF RETENTION RIGHTS | | |
| 8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. | | | | | | | | | | | | | | |
| _____ (DATE) | | | | | | _____ (SIGNATURE) | | | | | | | | |
| Subscribed and sworn to before me on this 13th day of Mar 1958 at Washington, D.C. | | | | | | | | | | | | (MONTH) (CITY) (STATE) | | |
| S E A L | | | | | | | | | | | | _____ Betty A. Bussard | | |
| NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown. | | | | | | | | | | | | (OVER) | | |

**PART III.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
LEAVE PURPOSES**

TOTAL SERVICE (Item 12)

NONCREDITABLE SERVICE (Item 13)

CREDITABLE SERVICE (Leave purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (Leave purposes)

SERVICE COMPUTATION DATE (Leave purposes)

| YEARS | MONTHS | DAYS |
|-------|--------|------|
| | | |
| | | |
| | | |

| | | |
|----|---|----|
| 58 | 3 | 17 |
| 11 | 8 | 1 |
| 46 | 7 | 16 |

**PART IV.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 12)

NONCREDITABLE SERVICE (Item 14)

CREDITABLE SERVICE (RIF purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (RIF purposes)

SERVICE COMPUTATION DATE (RIF purposes)

| YEARS | MONTHS | DAYS |
|-------|--------|------|
| | | |
| | | |
| | | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

REMARKS:

14-00000

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Fill in the following form with your personal history information. Use the space provided to answer each question. If you do not know the answer to a question, leave it blank. Do not write in the margins or on the back of the form.

DO NOT SIGN THIS FORM. It is a violation of law to sign this form if you have not read and understood the instructions.

PERSONAL BACKGROUND

NAME: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED]
STATE: [REDACTED]
ZIP CODE: [REDACTED]

EDUCATION

SCHOOL ATTENDED: [REDACTED]
GRADE: [REDACTED]
YEAR: [REDACTED]

EMPLOYMENT

EMPLOYER: [REDACTED]
POSITION: [REDACTED]
HOURS: [REDACTED]
SALARIES: [REDACTED]

RELIGION

RELIGION: [REDACTED]
CHURCH: [REDACTED]

HOBBIES

HOBBIESTS: [REDACTED]

INTERESTS

INTERESTS: [REDACTED]

PERSONAL INFORMATION

NAME: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED]
STATE: [REDACTED]
ZIP CODE: [REDACTED]

EDUCATION

SCHOOL ATTENDED: [REDACTED]
GRADE: [REDACTED]
YEAR: [REDACTED]

EMPLOYMENT

EMPLOYER: [REDACTED]
POSITION: [REDACTED]
HOURS: [REDACTED]
SALARIES: [REDACTED]

RELIGION

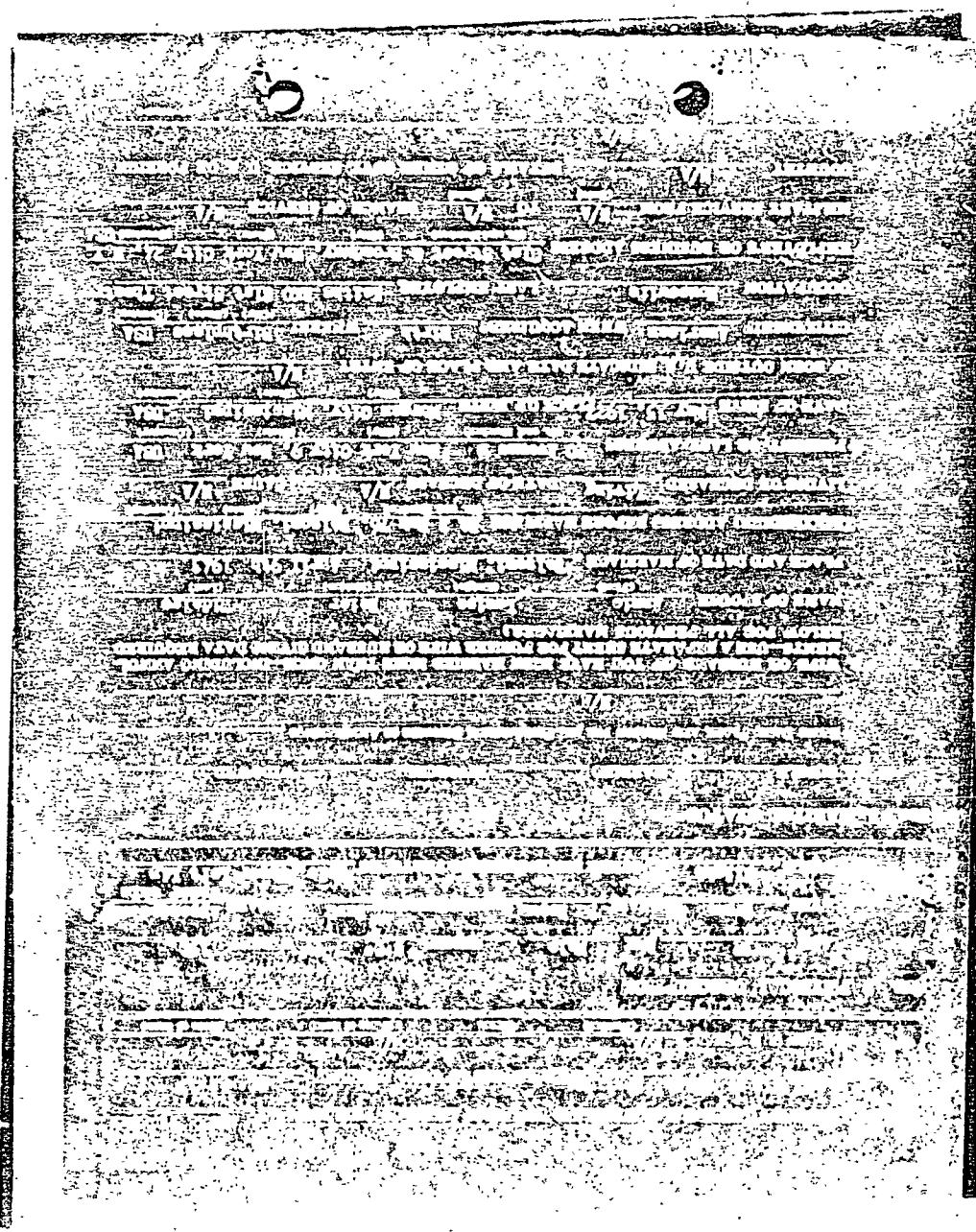
RELIGION: [REDACTED]
CHURCH: [REDACTED]

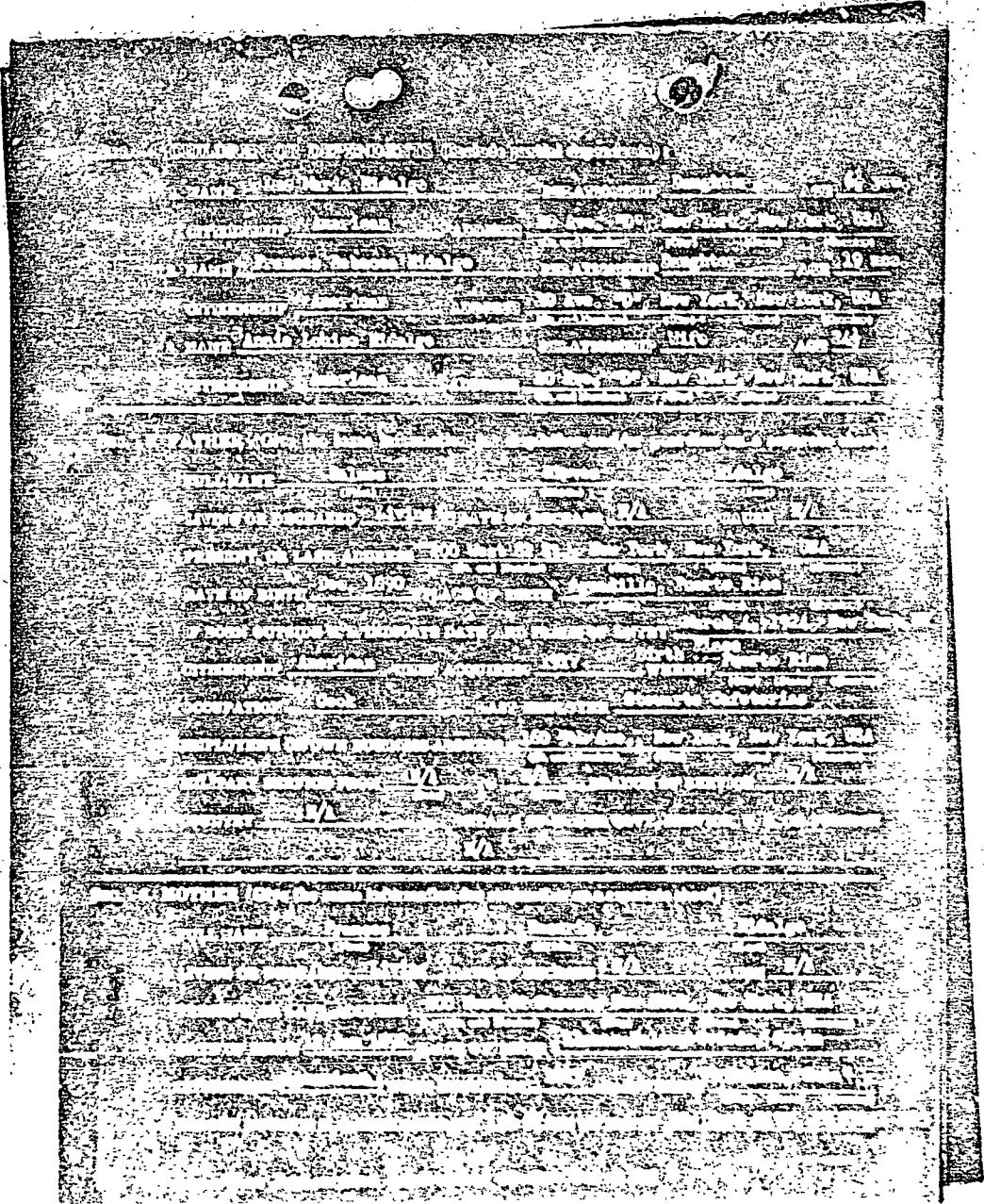
HOBBIES

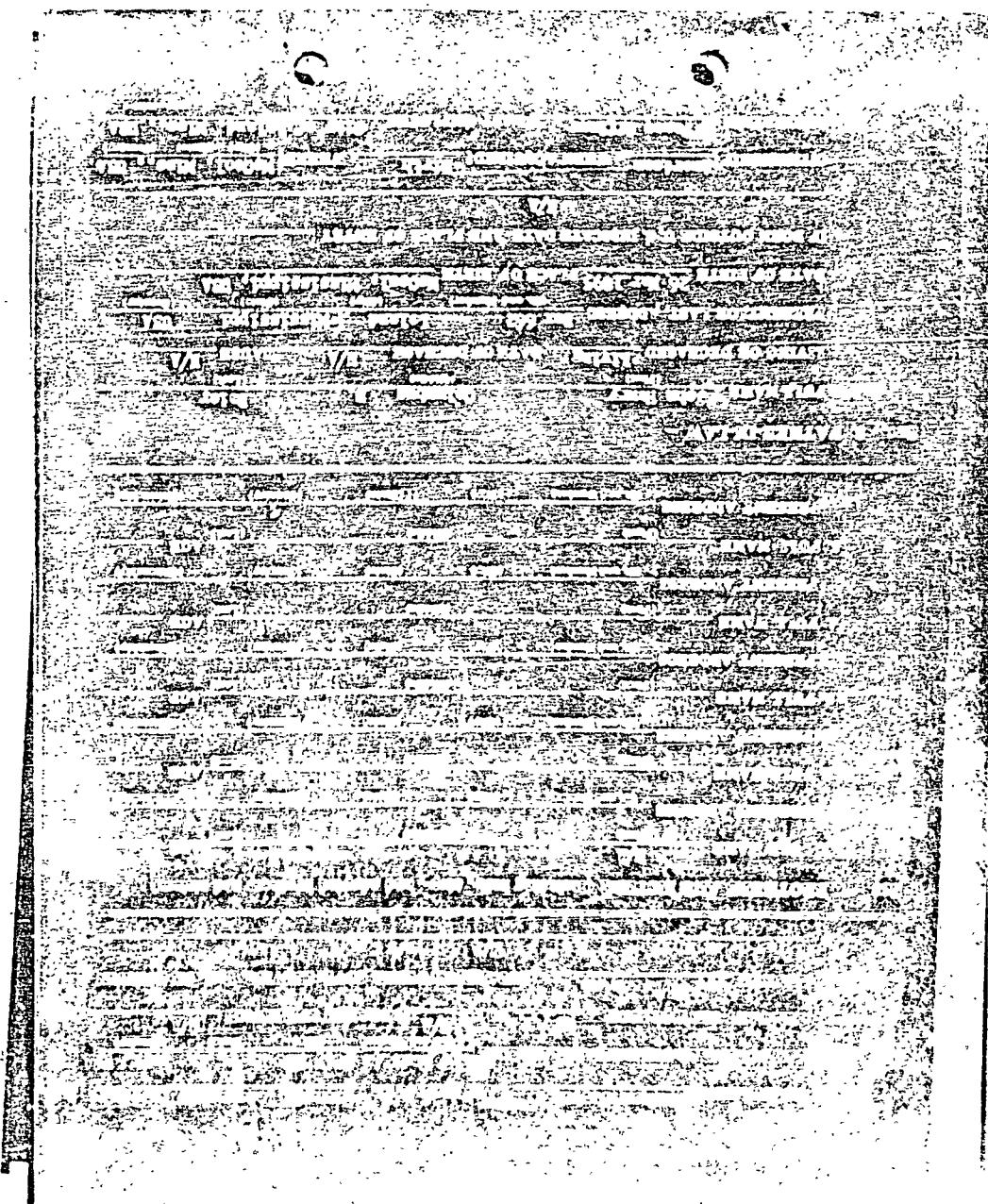
HOBBIESTS: [REDACTED]

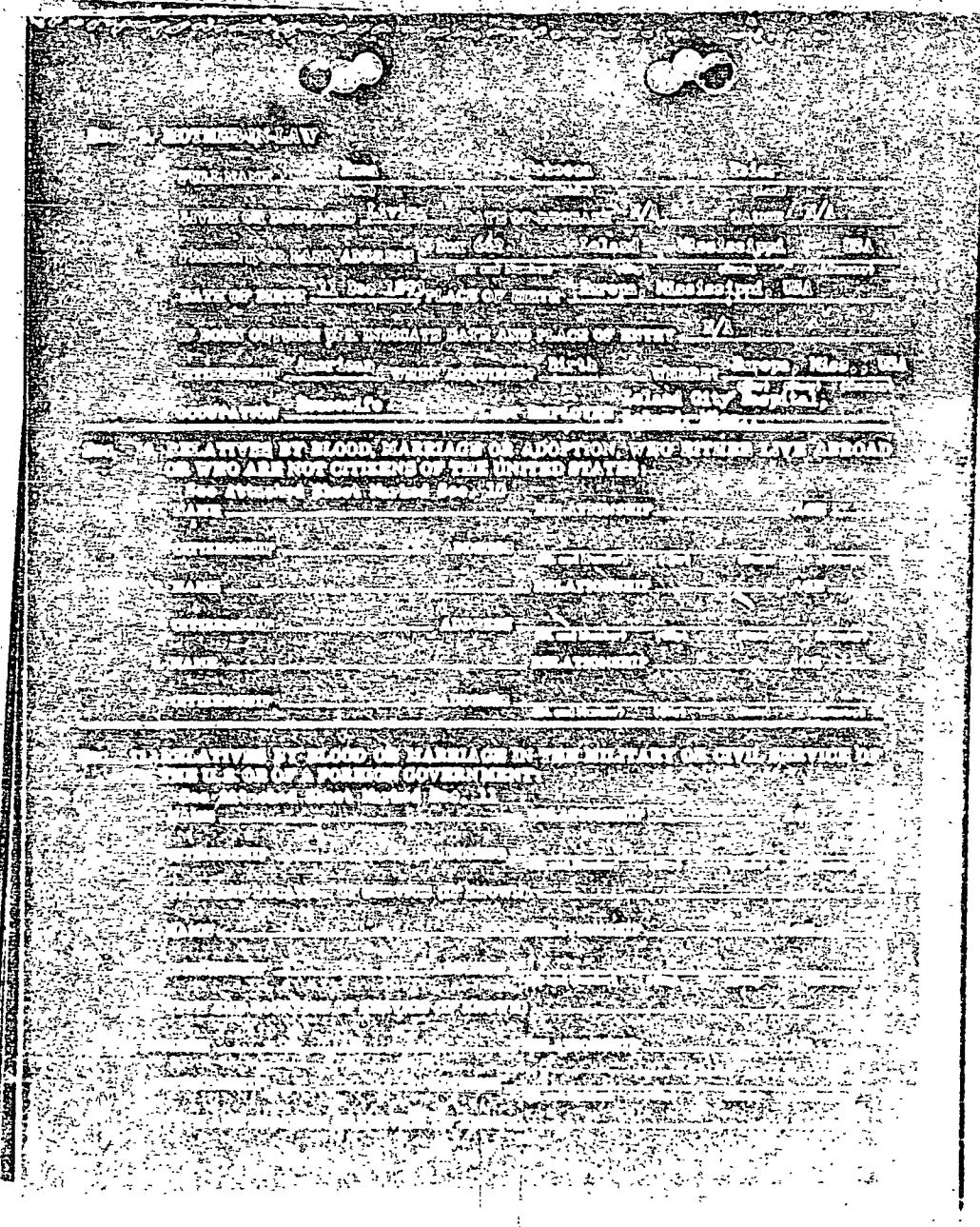
INTERESTS

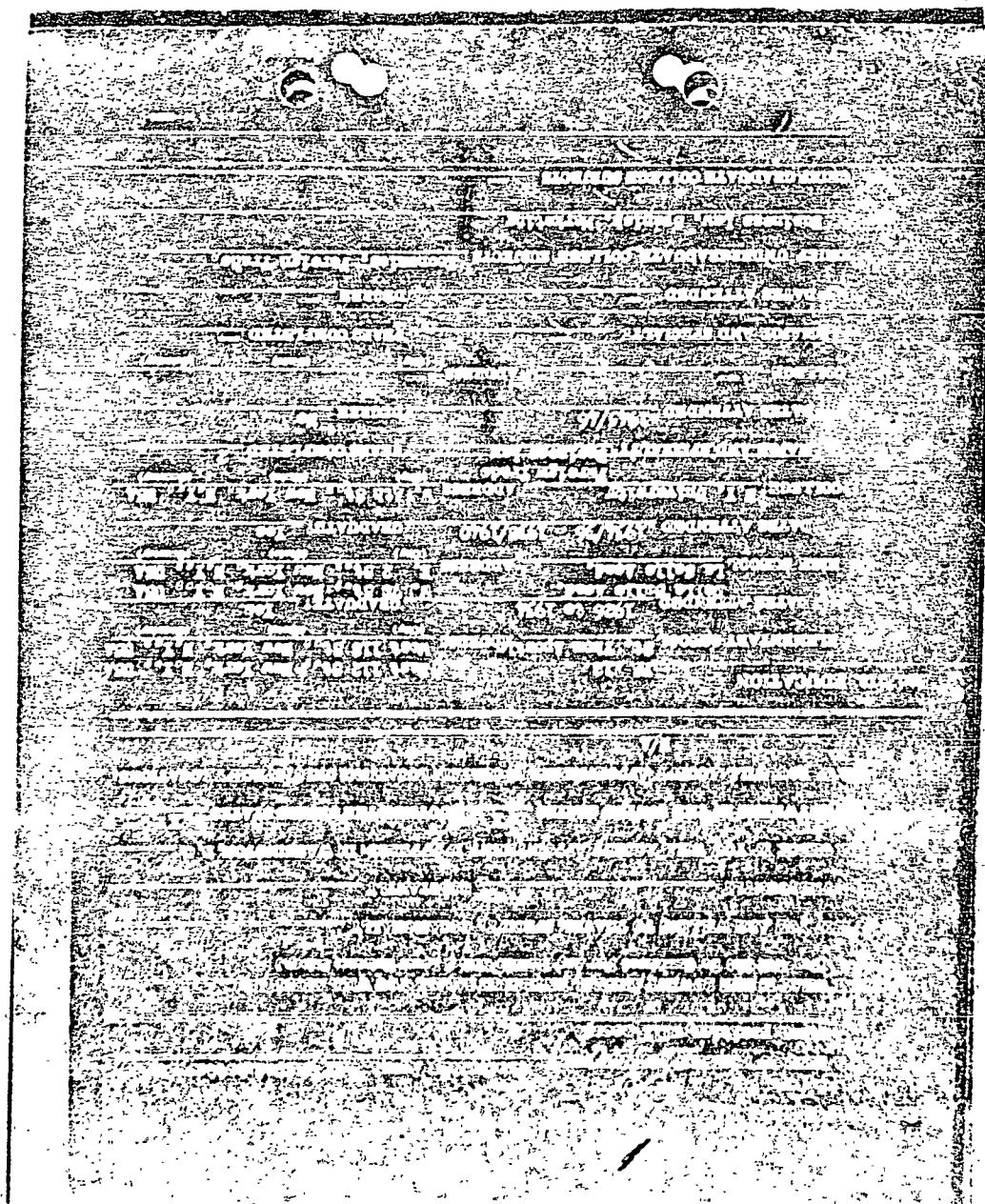
INTERESTS: [REDACTED]





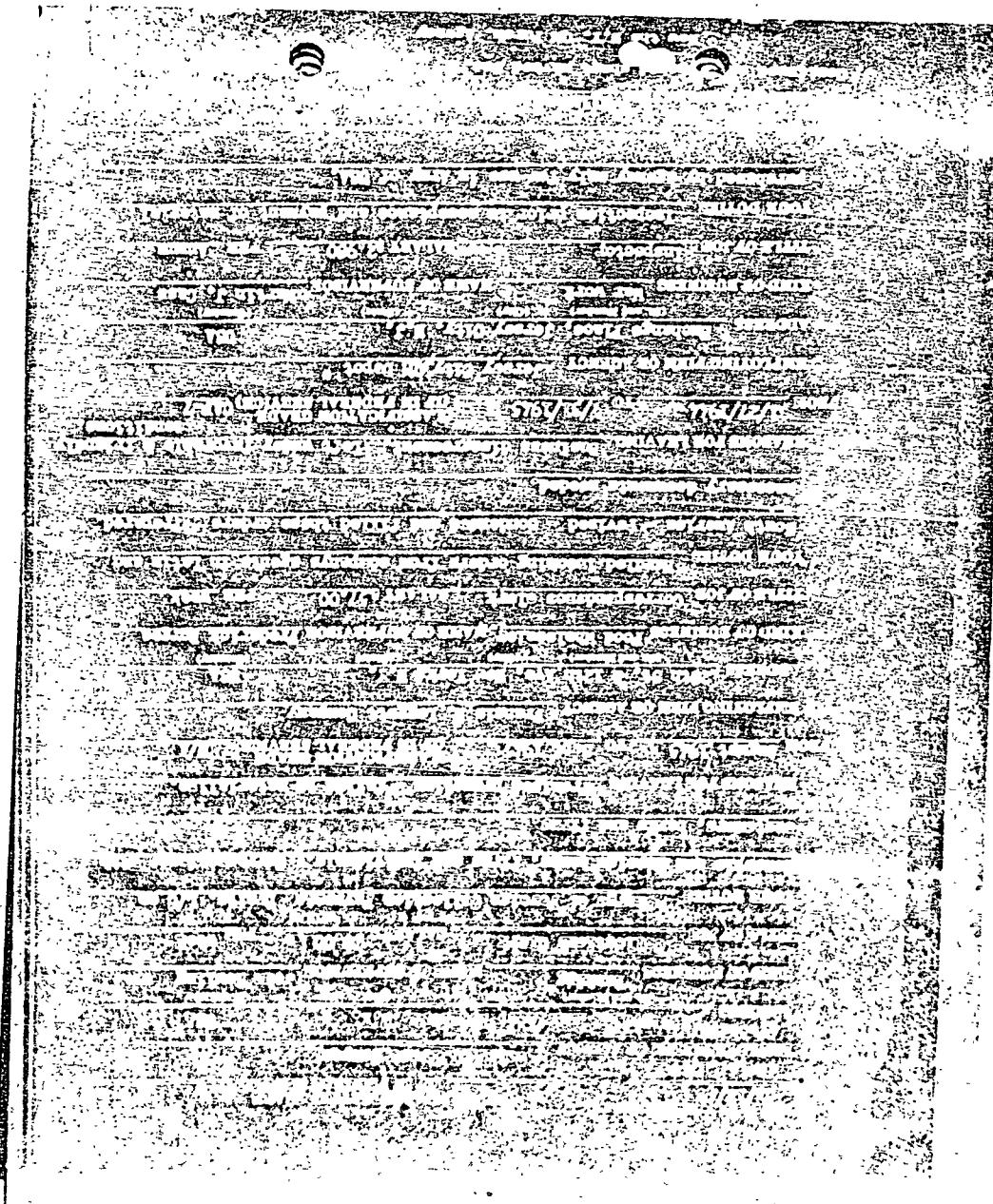


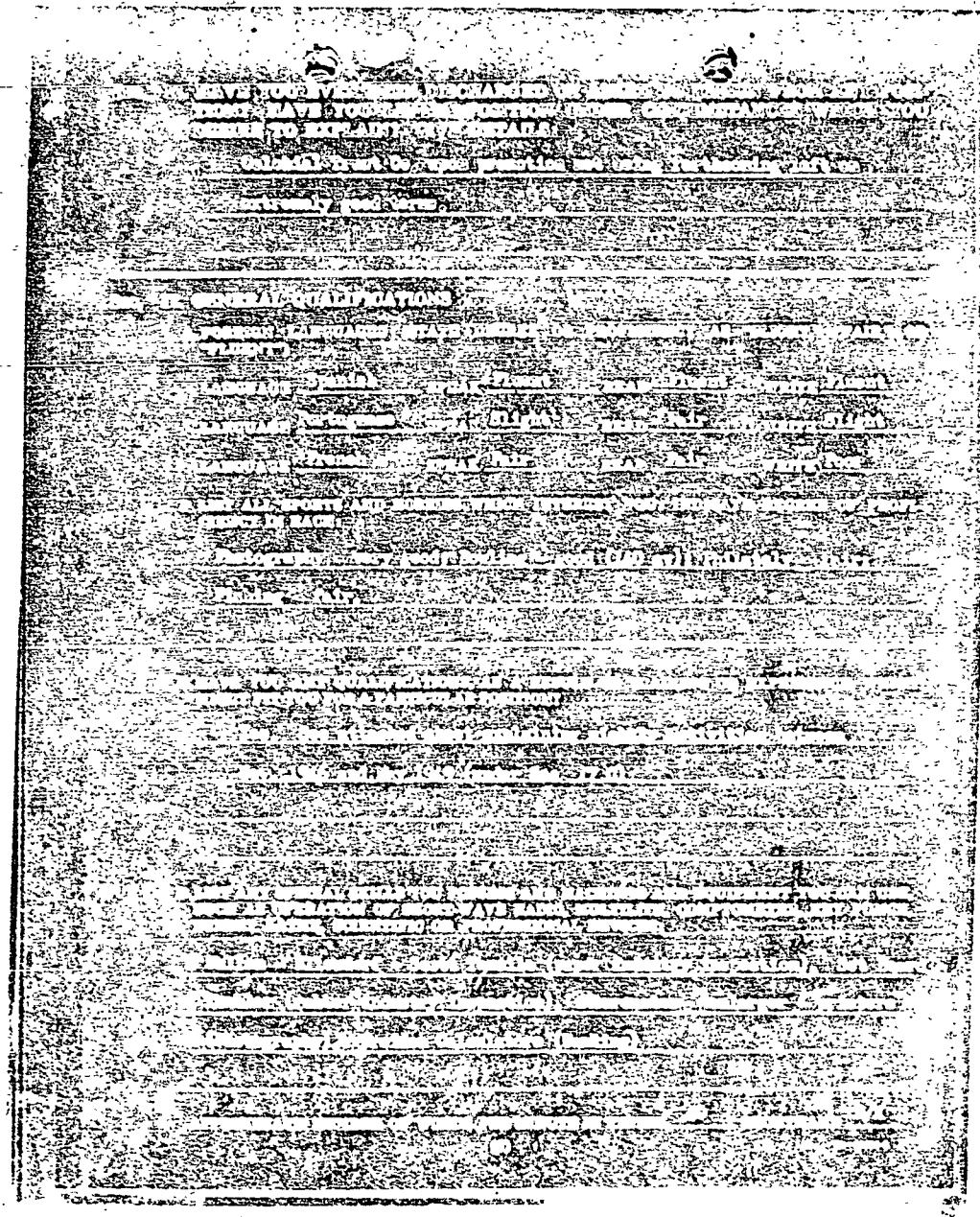


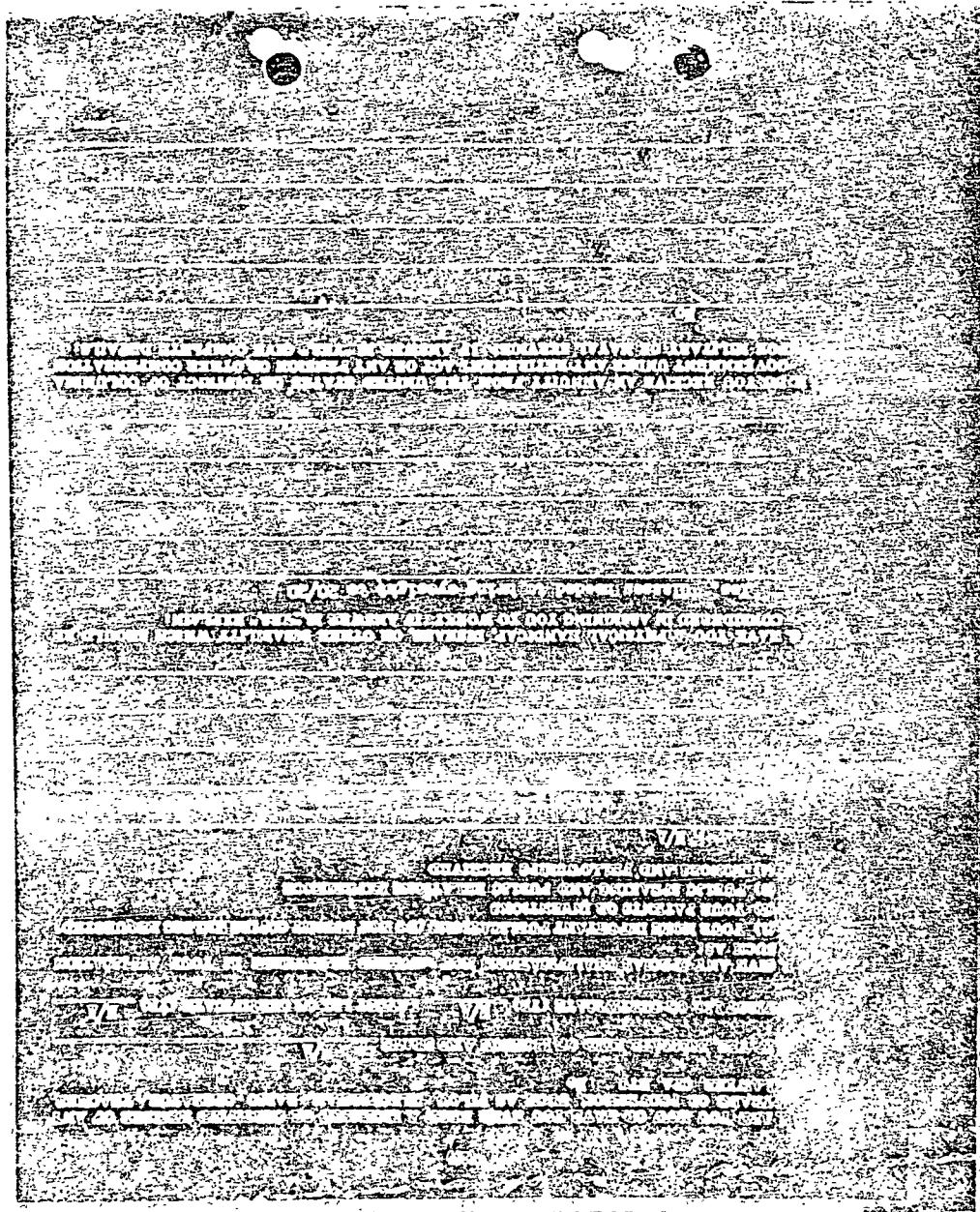


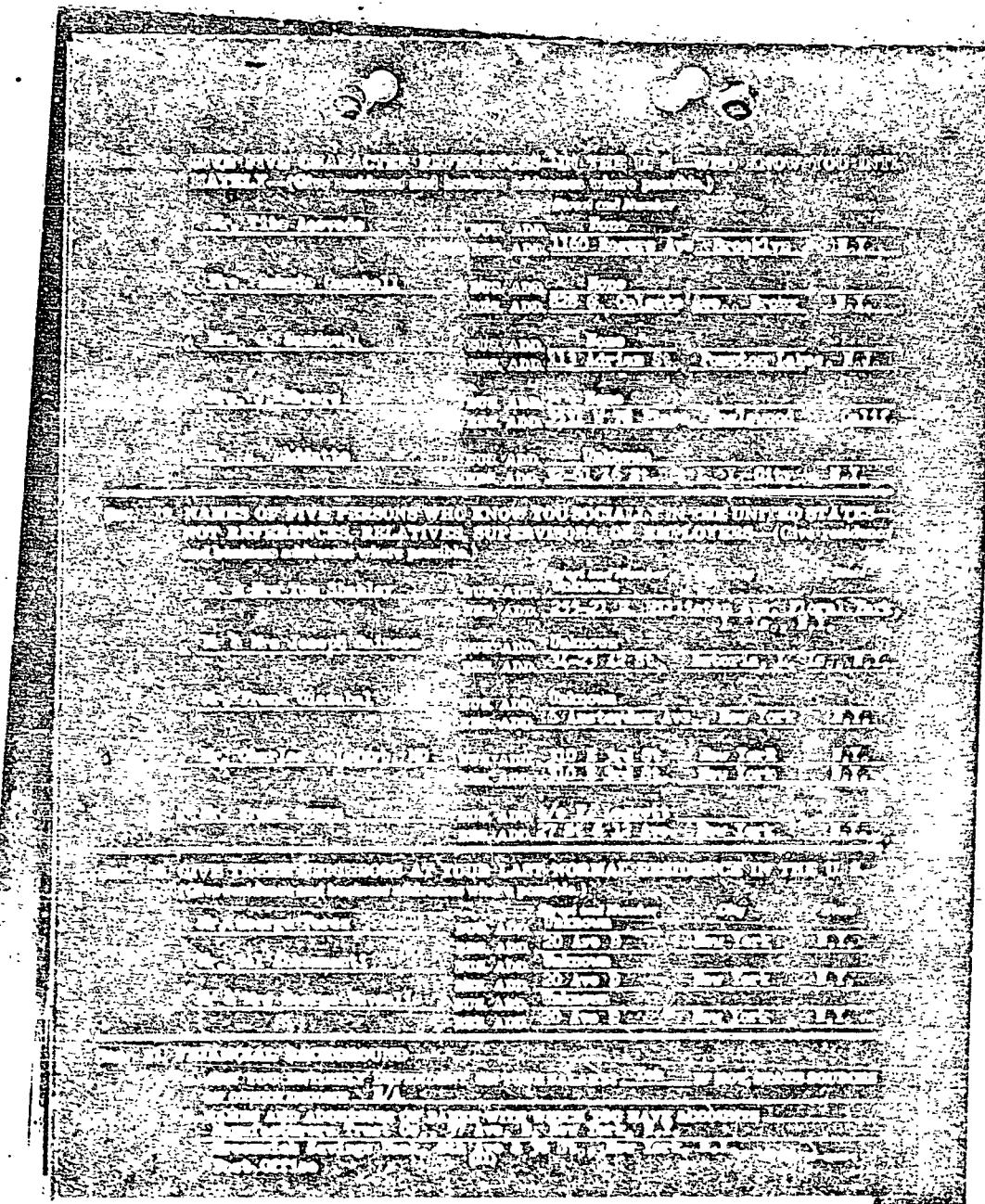
STATEMENT OF EMPLOYMENT HISTORY

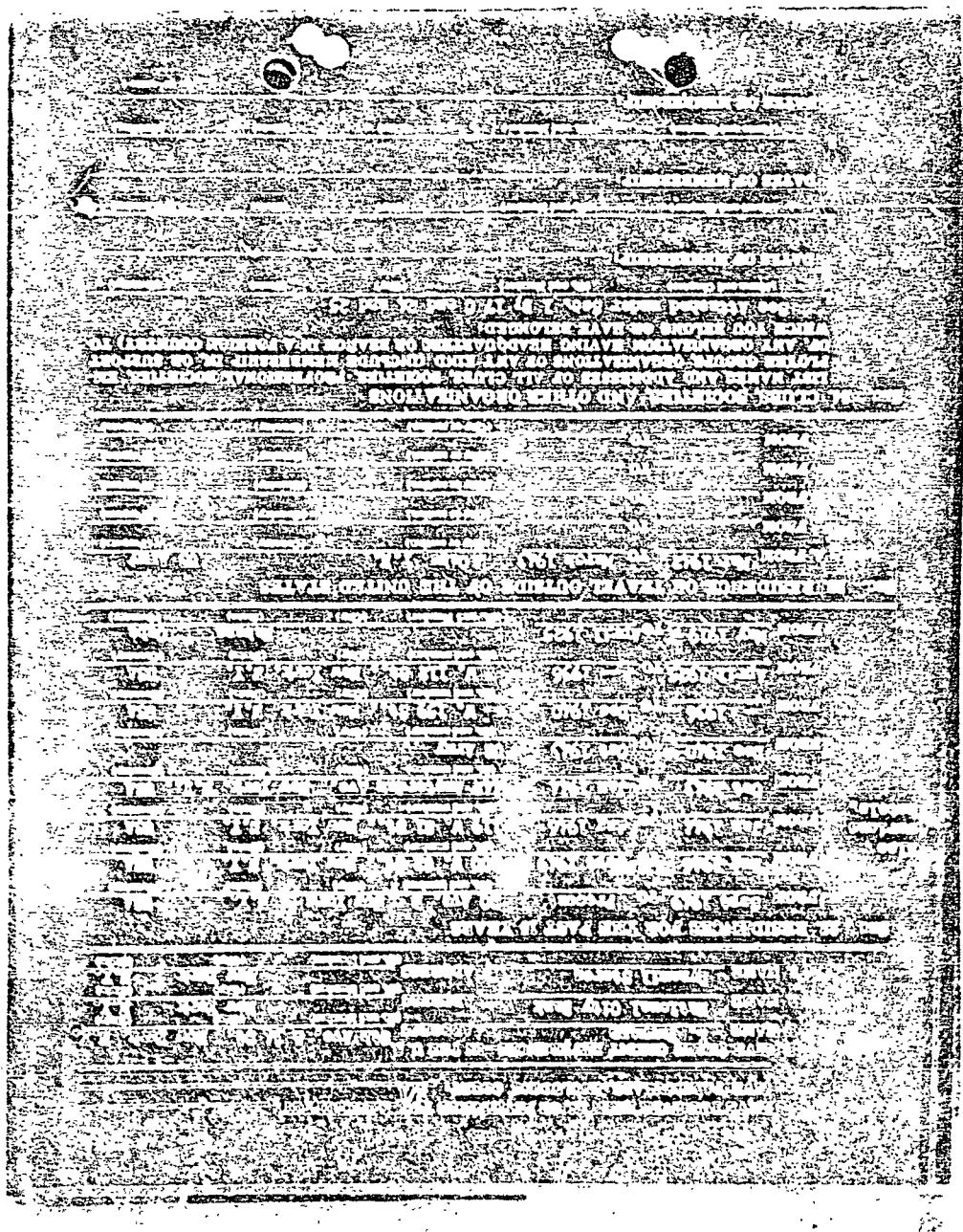
CHRONOLOGICAL LISTING OF EMPLOYMENT. FOR PART-TIME MAKE A SEPARATE ACCOUNT
FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS
OF UNEMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING
PERIOD OF UNEMPLOYMENT. USE LAST POSITION HELD AS A
SAMPLE.

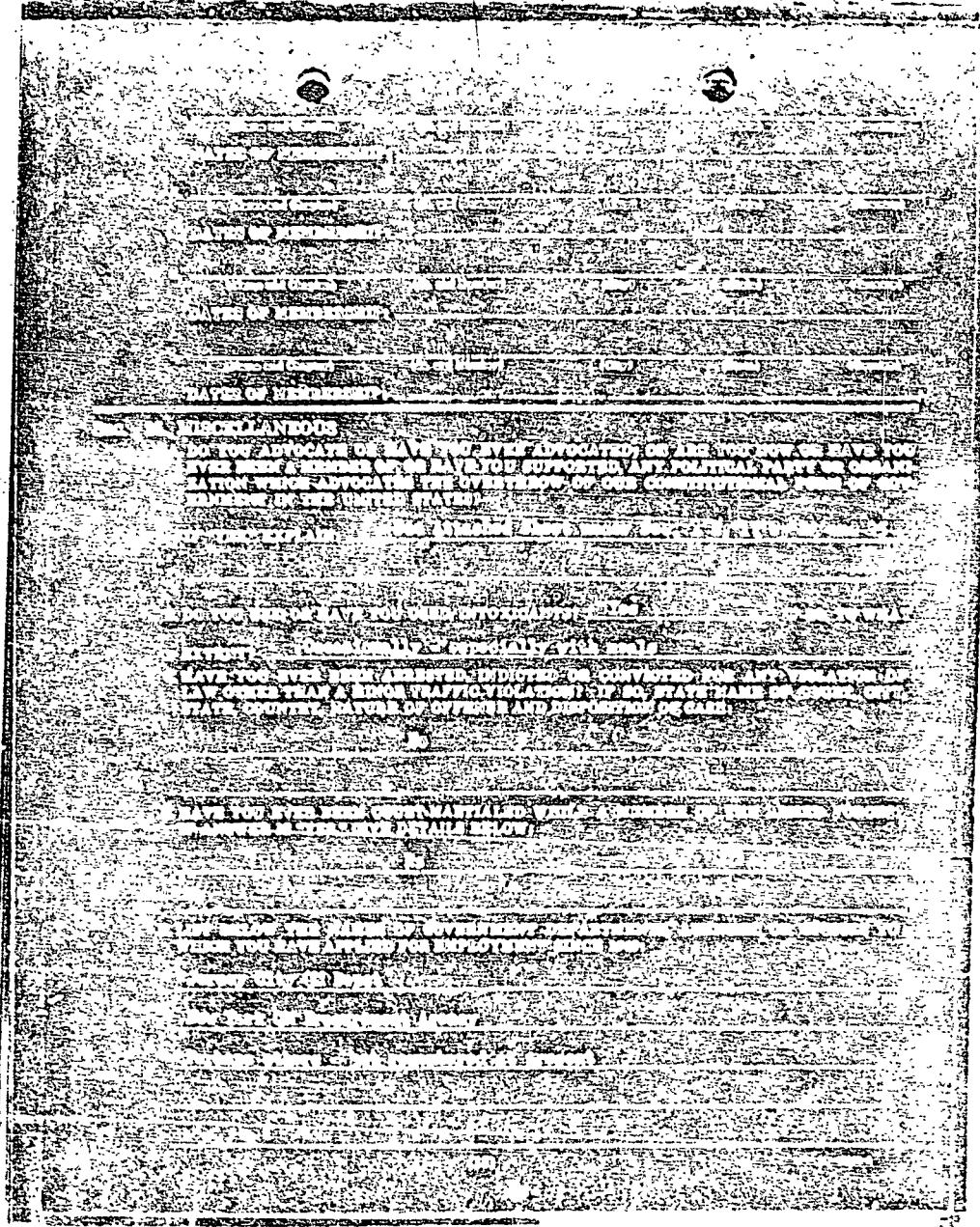


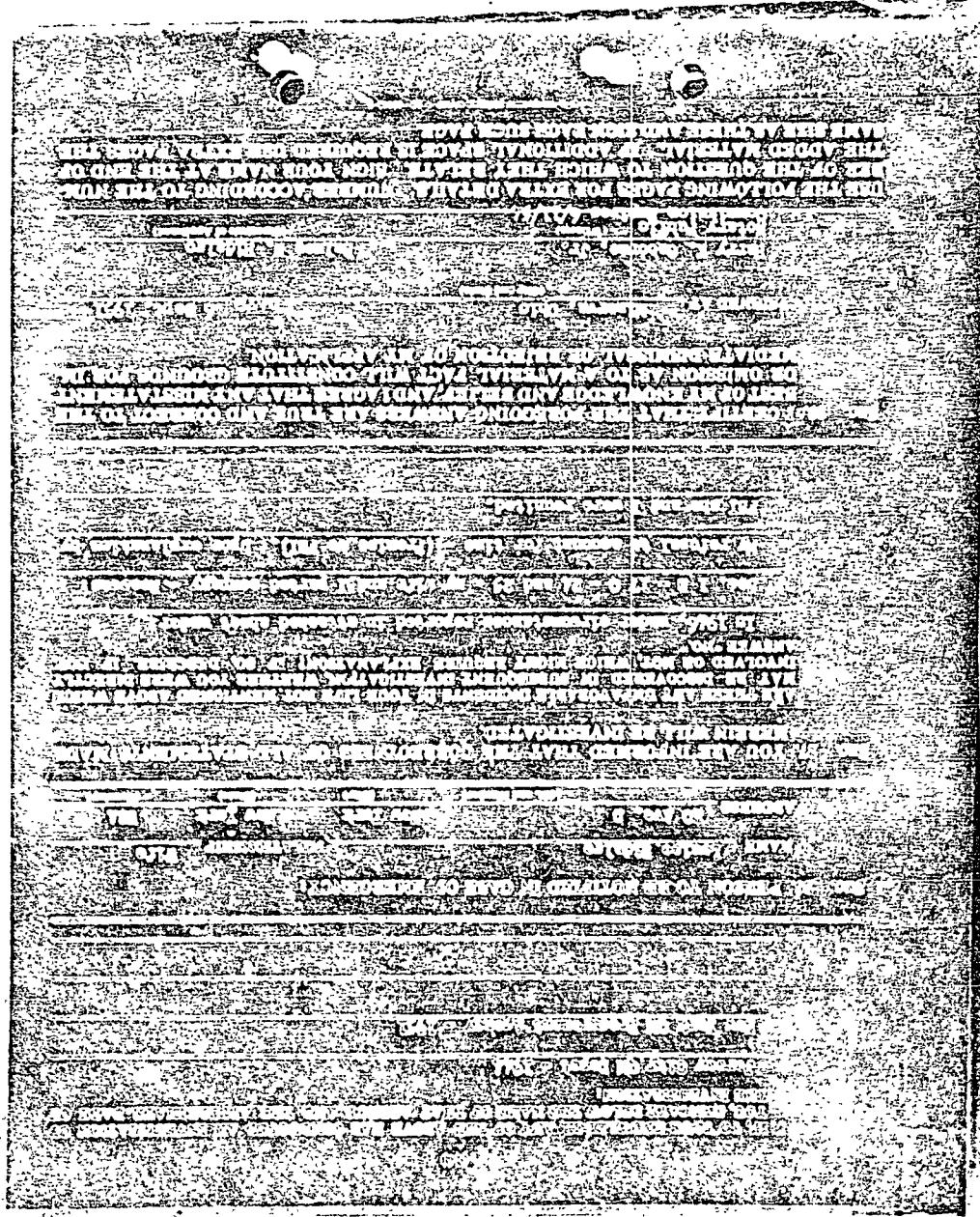


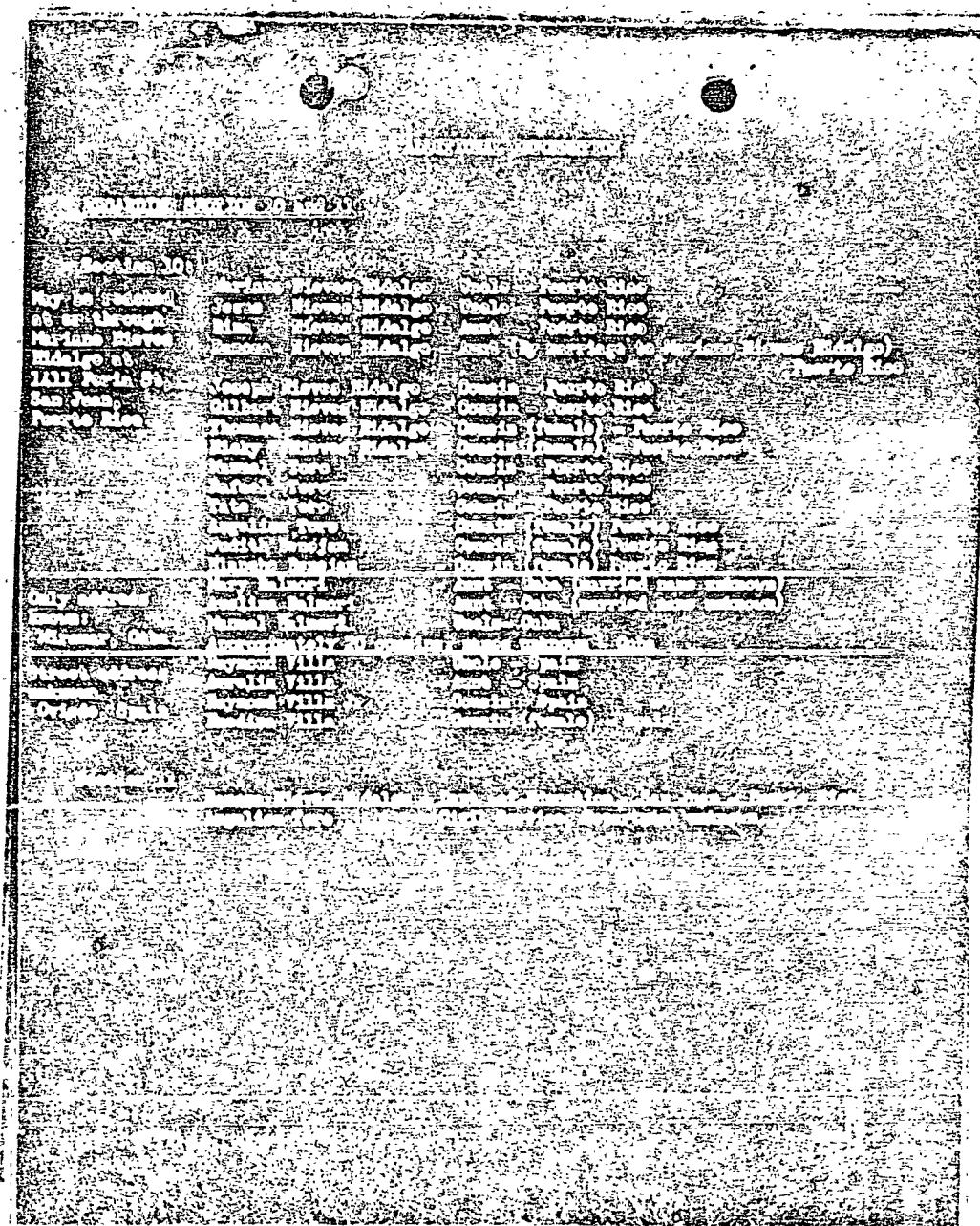




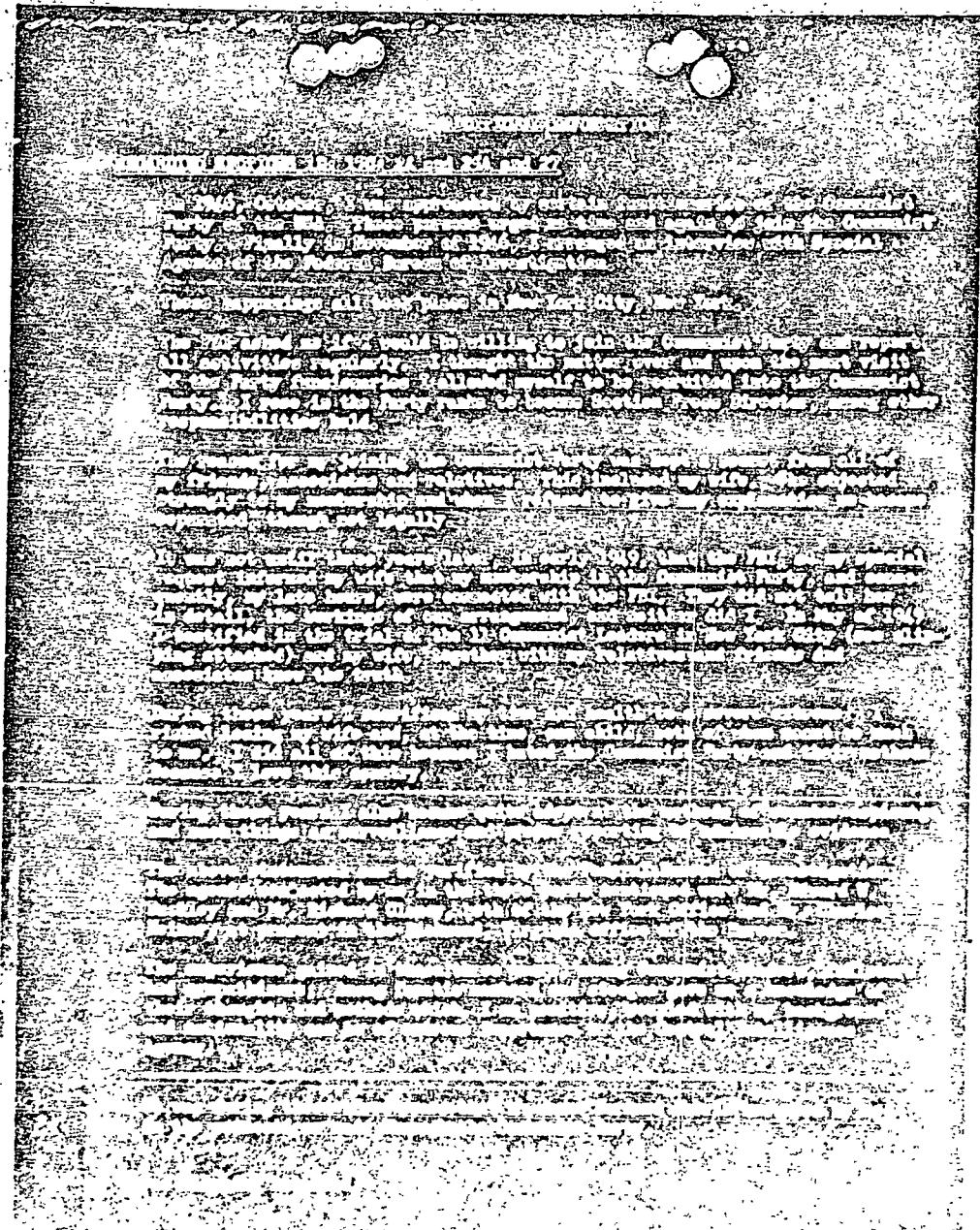








It is believed that the United States will be able to meet its obligations under the Convention by providing for the payment of compensation to the victims of the Japanese aggression in China and Korea.



PERSONAL HISTORY STATEMENT

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

(True or No)

SEC. I. PERSONAL BACKGROUND

Telephone: NA
Office _____
Ext. _____
Home _____

PRESENT ADDRESS House number 60, 94th St., East, Panama, Republic of Panama
(Street and Number) (City) (State) (Country)

PERMANENT ADDRESS NA (St. and Number) (City) (State) (Country)

B. NICKNAME "Barney", "Bal". WHAT OTHER NAMES HAVE YOU USED? See remarks.

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? See remarks

HOW LONG? See remarks if a legal change, give particulars

No. _____ (Where?) _____ (By what authority) _____

C. DATE OF BIRTH 27 May 1919. PLACE OF BIRTH Havana, Cuba
(City) (State) (Country)

D. PRESENT CITIZENSHIP U. S. BY BIRTH? NA BY MARRIAGE? NA
(Country)

BY NATURALIZATION CERTIFICATE NO. NA ISSUED NA BY NA
(Date) (Court)

AT _____ See remarks _____
(City) _____ (State) _____ (Country) _____

HAVE YOU HAD A PREVIOUS NATIONALITY? **NO**

HAVE YOU HAD A PREVIOUS NATIONALITY? _____ (Type or No) _____ (Country) _____

HELD BETWEEN WHAT DATES? NA TO NA. ANY OTHER NATIONALITY? NA

GIVE PARTICULARS . . . — **RE**

[View Details](#) | [Edit](#) | [Delete](#)

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS:

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? March 1924PORT OF ENTRY: NYC, NY ON PASSPORT OF WHAT COUNTRY? U. S.LAST U. S. VISA None (Number) _____ (Type) _____ (Place of Issue) _____ (Date of Issue) _____

SEC. 2. PHYSICAL DESCRIPTION

AGE 38 SEX Male HEIGHT 5' 9¹/2" WEIGHT 145
 EYES Brown HAIR Dark Brown COMPLEXION Dark SCARS under chin
 BUILD slight OTHER DISTINGUISHING FEATURES Mole, Upper left lip

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Annie Louise Beier Hidalgo
(First) (Middle) (Middle) (Last)PLACE AND DATE OF MARRIAGE Belzoni, Mississippi - 9 April 1943HIS(HER) ADDRESS BEFORE MARRIAGE Rt. 2, Box 76, Belzoni, Mississippi, USA
(St. and Number) (City) (State) (Country)LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NAPRESENT, OR LAST, ADDRESS Same as applicant
(St. and Number) (City) (State) (Country)DATE OF BIRTH 15 May 1927 PLACE OF BIRTH Morgan City, Mississippi, USA
(City) (State) (Country)IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NACITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA
(City) (State) (Country)OCCUPATION File Clerk LAST EMPLOYER ClassifiedEMPLOYER'S OR BUSINESS ADDRESS Classified
(St. and Number) (City) (State) (Country)MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA
(Date) (Date)COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGNNA

10-42384-1

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME Ius Maria Hidalgo **RELATIONSHIP** Daughter **AGE** 12
CITIZENSHIP U. S. **ADDRESS** Same as applicant
 (St. and Number) (City) (State) (Country)

2. NAME Frances Rebecca Hidalgo **RELATIONSHIP** Daughter **AGE** 7
CITIZENSHIP U. S. **ADDRESS** Same as applicant
 (St. and Number) (City) (State) (Country)

3. NAME **RELATIONSHIP** **AGE**
CITIZENSHIP **ADDRESS** (St. and Number) (City) (State) (Country)

(also dependent)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Bulnes **LAST NAME** Hidalgo
 (First) (Middle) (Last)

LIVING OR DECEASED Living **DATE OF DECEASE** NA **CAUSE** NA

PRESENT OR LAST ADDRESS Same as applicant
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH December 1890 **PLACE OF BIRTH** Aguadilla, Puerto Rico
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1923 (March) NYC, NY

CITIZENSHIP U. S. **WHEN ACQUIRED?** Birth **WHERE?** Puerto Rico
 (City) (State) (Country)

OCCUPATION Retired **LAST EMPLOYER** Do not remember

EMPLOYER'S OR OWN BUSINESS ADDRESS None
 (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA **TO** NA **BRANCH OF SERVICE** NA
 (Date) (Date)

COUNTRY NA **DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN**
 NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Frances **LAST NAME** Hidalgo
 (First) (Middle) (Last)

LIVING OR DECEASED Living **DATE OF DECEASE** NA **CAUSE** NA

PRESENT OR LAST ADDRESS Same as applicant
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 12 Jan. 1892 **PLACE OF BIRTH** Oviedo, Spain
 Marriage

CITIZENSHIP U. S. **WHEN ACQUIRED?** 1917 **WHERE?** Havana, Cuba
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY March 1924, NYC, NY, USA

(4)

OCCUPATION Retired LAST EMPLOYER Leonid De Loscinski
EMPLOYER'S OR OWN BUSINESS ADDRESS 48 St. NYC, NY
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA
COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME
(First) (Middle) (Last) AGE
PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)
2. FULL NAME
(First) (Middle) (Last) AGE
PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)
3. FULL NAME
(First) (Middle) (Last) AGE
PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)
4. FULL NAME
(First) (Middle) (Last) AGE
PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)
5. FULL NAME
(First) (Middle) (Last) AGE
PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME Henry Bo Peter
(First) (Middle) (Last)
LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA
PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 1895 PLACE OF BIRTH USA
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA
(City) (State) (Country)
OCCUPATION Laborer LAST EMPLOYER Unknown

SEC. 9. MOTHER-IN-LAW

FULL NAME Ella Rebecca Beier
 (First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 1893 PLACE OF BIRTH USA

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? U.S.A.
 (City) (State) (Country)

OCCUPATION Housewife LAST EMPLOYER NA

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

See remarks

| | | |
|-------------|--|-----|
| 1. NAME | RELATIONSHIP | AGE |
| CITIZENSHIP | ADDRESS (St. and Number) (City) (State) (Country) | |
| 2. NAME | RELATIONSHIP | AGE |
| CITIZENSHIP | ADDRESS (St. and Number) (City) (State) (Country) | |
| 3. NAME | RELATIONSHIP | AGE |
| CITIZENSHIP | ADDRESS (St. and Number) (City) (State) (Country) | |

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

| | | | |
|------|---|--|-----|
| NONE | 1. NAME | RELATIONSHIP | AGE |
| | CITIZENSHIP | ADDRESS (St. and Number) (City) (State) (Country) | |
| | TYPE AND LOCATION OF SERVICE (IF KNOWN) | | |
| | 2. NAME | RELATIONSHIP | AGE |
| | CITIZENSHIP | ADDRESS (St. and Number) (City) (State) (Country) | |
| | TYPE AND LOCATION OF SERVICE (IF KNOWN) | | |
| | 3. NAME | RELATIONSHIP | AGE |
| | CITIZENSHIP | ADDRESS (St. and Number) (City) (State) (Country) | |
| | TYPE AND LOCATION OF SERVICE (IF KNOWN) | | |

(6)

SEC. 12. POSITION DATA**A. KIND OF POSITION APPLIED FOR** See covering dispatch reference**B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT?** \$5390.00 P/A
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)**C. IF YOU ARE WILLING TO TRAVEL, SPECIFY:** OCCASIONALLY Yes
FREQUENTLY CONSTANTLY **D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C.
ANYWHERE IN THE UNITED STATES OUTSIDE THE UNITED STATES** **E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:****SEC. 13. EDUCATION****ELEMENTARY SCHOOL** St. Thomas Apostle ADDRESS NYC NY USA
(City) (State) (Country)

DATES ATTENDED 1926-1934 GRADUATE? Yes

HIGH SCHOOL La Salle Academy ADDRESS 2nd St. and 2nd Avenue NYC NY USA
(City) (State) (Country)

DATES ATTENDED 1936-1940 GRADUATE? Yes

COLLEGE NY University ADDRESS Washington Square, NYC, NY, USA
Foreign Trade and (City) (State) Two (Year)
MAJOR AND SPECIALTY Business Law YEARS COMPLETED School

DATES ATTENDED 1944-1945 DEGREE No

COLLEGE ADDRESS (City) (State) (Country)

MAJOR AND SPECIALTY YEARS COMPLETED

DATES ATTENDED DEGREE

CHIEF UNDERGRADUATE COLLEGE SUBJECTS

CHIEF GRADUATE COLLEGE SUBJECTS

SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U. S. Army Cpl. 1940-1943
 (Country) (Service) (Rank) (Dates of Service)

Camp Hale, Colorado 202 1976A honorable
 (Last Station) (Serial Number) (Type of Discharge)

REMARKS: None

Do not remember
 SELECTIVE SERVICE BOARD NUMBER ADDRESS

IF DEFERRED GIVE REASON NA

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NA

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM Feb. 1952 TO Present CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-11

EMPLOYING FIRM OR AGENCY See covering dispatch reference

ADDRESS See covering dispatch reference
 (St. and Number) (City) (State) (Country)

KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR See covering dispatch

TITLE OF JOB See covering dispatch SALARY \$ 6390.00 PER annum

YOUR DUTIES See covering dispatch reference

REASONS FOR LEAVING

FROM January 1951 TO February 1952 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-7

EMPLOYING FIRM OR AGENCY NY Q Procurement Agency

ADDRESS 111 East 16th Street NYC, NY, USA
 (St. and Number) (City) (State) (Country)

KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR Do not remember

TITLE OF JOB Inspector SALARY \$ 3225.00 PER annum

YOUR DUTIES Inspecting material being purchased by U. S. Govt. specifically
 the U. S. Army

REASONS FOR LEAVING To obtain present position.

(7)

10-248-1

(8)

FROM July 1950 TO January 1951 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY American Trust Company

ADDRESS Wall Street, New York City, NY, USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work

REASONS FOR LEAVING Left for higher paying work

FROM January 1948 TO May 1950 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Colonial Trust Company

ADDRESS 6th Avenue and 45th Street, NYC, NY, USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work

REASONS FOR LEAVING Promised promotion failed to materialize

FROM August 1945 TO September 1947 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Francis H. Leggett Inc.

ADDRESS 28th Street and 12th Avenue, NYC, NY, USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Wholesale NAME OF SUPERVISOR Do not remember
Grocery house

TITLE OF JOB Correspondence clerk SALARY \$57.00 PER week

YOUR DUTIES Export correspondence clerical duties

REASONS FOR LEAVING Disatisfied with type of work

10-2225-1

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No _____

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish SPEAK Fluent READ Fluent WRITE Fluent

LANGUAGE Portuguese SPEAK Slight READ Fair WRITE Slight

LANGUAGE SPEAK READ WRITE

B. LIST ALL SPORTS AND Hobbies WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Judo - Have attained "yellow belt" rank

Photography - Very good degree of proficiency

Bowling - Fair degree of proficiency

Philately - Fair degree of proficiency

Fishing (no comment)

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Yes, See covering dispatch reference.....

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

All photographic devices.....

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ... 30 ... SHORTHAND ... 0 ...

(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE No.....

FIRST LIC. OR CERTIFICATE (YR) LATEST LIC. OR CERTIFICATE (YR)

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION
(SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NA

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE
CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

Yes. I must wear glasses continually.....

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA
GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION
FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

No

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

| | | Street and Number | City | State |
|----|---------------------|--|------|-------|
| 1. | Edward Lee Anderson | BUS. ADD. See Dispatch reference. RES. ADD. | | |
| 2. | Willard Galbraith | BUS. ADD. # # # RES. ADD. | | |
| 3. | Homer Neal | BUS. ADD. # # # RES. ADD. | | |
| 4. | Andres Rivera | BUS. ADD. # # # RES. ADD. | | |
| 5. | Joseph Sancho | BUS. ADD. # # # RES. ADD. | | |

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

| See remarks | | Street and Number | City | State |
|----------------|----|------------------------|------|-------|
| | 1. | BUS. ADD. RES. ADD. | | |
| | 2. | BUS. ADD. RES. ADD. | | |
| | 3. | BUS. ADD. RES. ADD. | | |
| | 4. | BUS. ADD. RES. ADD. | | |
| | 5. | BUS. ADD. RES. ADD. | | |

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

| See remarks | | Street and Number | City | State |
|----------------|----|------------------------|------|-------|
| | 1. | BUS. ADD. RES. ADD. | | |
| | 2. | BUS. ADD. RES. ADD. | | |
| | 3. | BUS. ADD. RES. ADD. | | |

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? Yes... IF NOT, STATE SOURCES OF OTHER INCOME

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS Greenwich Savings Bank, 36th St., and Broadway and 6th Avenue, NYC, NY.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
 GIVE PARTICULARS, INCLUDING COURT: _____

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

| | | | | |
|---------|------|-----------------------------|--------|---------|
| 1. NAME | None | ADDRESS (St. and Number) | (City) | (State) |
| 2. NAME | | ADDRESS (St. and Number) | (City) | (State) |
| 3. NAME | | ADDRESS (St. and Number) | (City) | (State) |

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

| | | | | |
|----------------------------|---|--------|---------|-----------|
| FROM April 1952 to Present | Panama Republic of Panama (St. and number) | (City) | (State) | (Country) |
| FROM 1949 to 1952 | 20 Ave. D., NYC, NY, USA (St. and number) | (City) | (State) | (Country) |
| FROM 1944 to 1948 | 200 West 82nd St., NYC, NY, USA (St. and number) | (City) | (State) | (Country) |
| FROM TO | (St. and number) | (City) | (State) | (Country) |
| FROM TO | (St. and number) | (City) | (State) | (Country) |
| FROM TO | (St. and number) | (City) | (State) | (Country) |
| FROM TO | (St. and number) | (City) | (State) | (Country) |
| FROM TO | (St. and number) | (City) | (State) | (Country) |

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

| | | | |
|----------------------|---|-------------------------------|-----------|
| A. FROM 1919 to 1924 | Havana, Cuba (City or section) | Country of birth (Country) | (Purpose) |
| FROM 1942 to 1943 | Pacific area (City or section) | US Army (Country) | (Purpose) |
| FROM 1952 to Present | Republic of Panama (City or section) | Work (Country) | (Purpose) |
| FROM TO | (City or section) | (Country) | (Purpose) |
| FROM TO | (City or section) | (Country) | (Purpose) |

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. None
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

2. _____
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

3. _____
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

4. _____ (Name and Chapter) _____ (St. and Number) _____ (City) _____ (State) _____ (Country)

DATES OF MEMBERSHIP: _____

5. _____ (Name and Chapter) _____ (St. and Number) _____ (City) _____ (State) _____ (Country)

DATES OF MEMBERSHIP: _____

6. _____ (Name and Chapter) _____ (St. and Number) _____ (City) _____ (State) _____ (Country)

DATES OF MEMBERSHIP: _____

7. _____ (Name and Chapter) _____ (St. and Number) _____ (City) _____ (State) _____ (Country)

DATES OF MEMBERSHIP: _____

SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: _____ NO (See remarks) _____

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes _____ IF SO, TO WHAT

EXTENT? Poor with scales.

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

Department of Defense

Present Organization

(14)

IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Federal Bureau of Investigation - 1946

This Organization - 1951

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Annie Louise Ridgely RELATIONSHIP wife

ADDRESS Same as applicant (Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Ft. Meade, Maryland (City and State) DATE 19 July 1951

John J. Tidwell (Witness)

Bethany L. Tidwell (Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14-00000

Section 1A - While an undercover agent for the Federal Bureau of Investigations from 1946 to 1949 I used the name of Bernard Harris to members of the Communist Party of the United States. This information is already on file in this organization.

Section 1D - I became an American citizen at birth through the citizenship of my father. This information is already on file in this organization.

Section 3B - My wife is employed by this organization.

Section 10 - I have many relatives in Spain and Cuba but do not correspond with them and so do not know names, addresses or present status.

Section 18 - All persons mentioned in this section are employees of this organization.

Sections 19

and 20 - Not having lived in the USA for over five years I have lost all contact with old friends, neighbors, etc. I do not know their addresses, status, etc., at this time.

Section 25 - My past connections with any subversive groups and the reasons for such connections is already on file in the files of this organization.

14-00000

RECORD OF
PREVIOUS GOVERNMENT
SERVICE RETURNED TO
FEDERAL RECORDS CENTER IN
ST. LOUIS, MO.

DATE July 1971